06/21/2011 15:05

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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) 2350 KERNER BLVD., SUITE 250 ADDRESS (number and street) Check if different than previously SAN RAFAEL CA 94901 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS **AMENDED** NEW C00384362 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 11 07 2006 CA Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 28 2006 12 3 1 2006 1 1 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Jason D. Kaune Type or Print Name of Treasurer Electronically Filed by Jason D. Kaune 06 20 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|------|---|-------------------------|-----------------------------------|
| i. (| a) Cash on Hand January 1 $2\check{0}06^{\check{Y}}$ | | 225102.30 |
| (| b) Cash on Hand at Begining of Reporting Period | 180271.01 | |
| (| c) Total Receipts (from Line 19) | 32272.57 | 447073.70 |
| (| d) Subtotal (add lines 6(b) and | | |
| | 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 212543.58 | 672176.00 |
| . Т | otal Disbursements (from Line 31) | 15000.00 | 474632.42 |
| F | eash on Hand at Close of deporting Period Subtract Line 7 from Line 6(d)) | 197543.58 | 197543.58 |
| tł | rebts and Obligations owed TO ne committee (Itemize all on inchedule C and/or Schedule D) | 0.00 | |
| tł | ne committee (Itemize all on schedule C and/or Schedule D) | 0.00 | |

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

м м 1 1 28 м°м 12 3 1 2006 2006 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 30092.64 387269.08 (i) Itemized (use Schedule A) 2068.00 58886.90 (ii) Unitemized (iii) TOTAL (add 32160.64 446155.98 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 32160.64 446155.98 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 111.93 917.72 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 32272.57 447073.70 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 32272.57 447073.70 (subtract Line 18(c) from Line 19)

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DETAILED SUMMARY PAGE

of Disbursements

FEC. Form 3X (Rev. 02/2003) Page 4

| FEC Form 3X (Rev. 02/2003) | COLUMN A | Page 4 COLUMN B | |
|---|-------------------|-----------------------|--|
| II. DISBURSEMENTS | Total This Period | Calendar Year-to-Date | |
| Operating Expenditures: (a) Shared Federal/Non-Federal | | | |
| Activity (from Schedule H4) (i) Federal Share | 0.00 | 0.00 | |
| (ii) Non-Federal Share | 0.00 | 0.00 | |
| (b) Other Federal Operating Expenditures | 0.00 | 3282.42 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) | 0.00 | 3282.42 | |
| Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 | |
| Contributions to Federal Candidates/Committees and Other Political Committees | 3000.00 | 317500.00 | |
| Independent Expenditure (use Schedule E) | 0.00 | 0.00 | |
| 5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 | |
| 6. Loan Repayments Made | 0.00 | 0.00 | |
| 7. Loans Made | 0.00 | 0.00 | |
| Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | |
| (b) Political Party Committees | 0.00 | 0.00 | |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 | |
| 9. Other Disbursements | 12000.00 | 153850.00 | |
| Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | 0.00 | 0.00 | |
| (ii) "Levin" Share | 0.00 | 0.00 | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 15000.00 | 474632.42 | |
| 32. Total Federal Disbursements | | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 15000.00 | 474632.42 | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| otal Contributions (other than loans) rom Line 11(d), page 3) | 32160.64 | 446155.98 |
| otal Contribution Refunds from Line 28(d)) | 0.00 | 0.00 |
| let Contributions (other than loans) subtract Line 34 from Line 33) | 32160.64 | 446155.98 |
| otal Federal Operating Expenditures add Line 21(a)(i) and Line 21(b)) | 0.00 | 3282.42 |
| Offsets to Operating Expenditures from Line 15, page 3) | 0.00 | 0.00 |
| let Operating Expenditures subtract Line 37 from Line 36) | 0.00 | 3282.42 |

FE6AN026

| ITEMIZED F | EA (FEC Form 3X) RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 244 (check only one) |
|--------------------------------|--|---|---|---|
| Any information co | opied from such Reports and purposes, other than using t | Statements may he name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \ | MMITTEE (In Full) ALTH SOLUTIONS INC | . POLITICAL <i>F</i> | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Full Name (Las MS MARIA AND | st, First, Middle Initial) DERSON | | | Date of Receipt |
| | s 616 TROPICAL BRE | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City TAMPA | | State FL | Zip Code 33602 | Transaction ID: INCA29523 |
| | er of contributing committee. | C | 33002 | Amount of Each Receipt this Period 5.00 |
| Name of Emplo MEDCO HEAL | oyer LTH SOLUTIONS | Occupation DIR CUS | | |
| Receipt For: Primary Other (sp | General pecify) ▼ | | e Year-to-Date ▼ 260.00 | |
| Full Name (Las | st, First, Middle Initial) | | | Date of Receipt |
| | s 1813 ADONIS AVE | M M / D D / Y Y Y Y Y 1 1 2 0 2 2 0 0 6 | | |
| City HENDERSC | NI. | State NV | Transaction ID: INCA29608 | |
| | er of contributing | C | 89074 | Amount of Each Receipt this Period 5.00 |
| Name of Emplo MEDCO HEAL | oyer LTH SOLUTIONS | Occupation MGR RF | n NEFIT DELIVERY SYSTEM | |
| Receipt For: Primary Other (sp | General pecify) ▼ | | Year-to-Date ▼ 715.00 | |
| Full Name (Las | st, First, Middle Initial) | | | Date of Receipt |
| | s 6527 SHORBURGH | M M / D D / Y Y Y Y Y 1 1 2 0 2 2 0 0 6 | | |
| City INDIANAPO | LIC | State IN | Zip Code 46278 | Transaction ID: INCA29277 |
| | er of contributing | C | 40270 | Amount of Each Receipt this Period 25.00 |
| Name of Emplo MEDCO HEAL | oyer LTH SOLUTIONS | Occupation DIR PHA | n .RM PRACTICE | |
| Receipt For: Primary Other (sp | General pecify) ▼ | | Year-to-Date ▼ 275.00 | |
| SUBTOTAL of F | eceipts This Page (optional) | | \ | 35.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | o A) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7/244 (check only one) |
|--|---|---|---|
| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | NC. POLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR KENNETH DANIELS | | | Date of Receipt |
| Mailing Address 4156 DUNMORE | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City | State | Zip Code | Transaction ID: INCA29484 |
| LAKE WALES FEC ID number of contributing federal political committee. | C | 33859 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | n | |
| Receipt For: Primary General Other (specify) | | Year-to-Date ▼ 1300.00 | |
| Full Name (Last, First, Middle Initial) MS ROBBIN DICESARE | | | Date of Receipt |
| Mailing Address 1003T HIGH STR | M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y | | |
| City | State NJ | Zip Code | Transaction ID: INCA29520 |
| BURLINGTON TOWNSHI FEC ID number of contributing federal political committee. | C | 08016 | Amount of Each Receipt this Period 9.28 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR MGR | TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 482.56 | |
| Full Name (Last, First, Middle Initial) WILLIS DINGLE | | | Date of Receipt |
| Mailing Address 905 SW SCRUB (| DAK AVE | | M M / D D / Y Y Y Y Y 1 Y 1 1 2 0 2 2 0 0 6 |
| City PALM CITY | State FL | Zip Code 34990 | Transaction ID: INCA29361 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 01000 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR H | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1300.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | | 59.28 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|---------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | e name and add | dress of any political committee to | solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) MS GEORGIA EDDLEMAN Mailing Address 908 EDGEMEER LAN City | State | Zip Code | Date of Receipt 1 2 0 2 2 0 0 6 Transaction ID: INCA29589 |
| | SOUTHLAKE FEC ID number of contributing federal political committee. | C | 76092 | Amount of Each Receipt this Period 34.45 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupatio VP/GM Aggregate | e Year-to-Date ▼ 1791.40 | |
| - В. | Full Name (Last, First, Middle Initial) MR JOSEPH FRENDO Mailing Address 9 GREEN HILL TRAIL | | | Date of Receipt 1 2 0 2 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: INCA29490 |
| | TROPHY CLUB | TX | 76262 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | , ' | TIONAL SERVICE CENTER | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2600.00 | |
| c. | Full Name (Last, First, Middle Initial) MR ROBERT GIBBS | • | | Date of Receipt |
| | Mailing Address 544 DENMOOR COU | RT | | 12 02 7 2006 |
| | City | State | Zip Code | Transaction ID: INCA29310 |
| | GALLOWAY FEC ID number of contributing federal political committee. | OH C | 43119 | Amount of Each Receipt this Period 12.50 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR OPS | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 412.50 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 96.95 |
| ļ | TOTAL This Period (last page this line number | only) | | |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|---|--|---|---|
| A | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | Full Name (Last, First, Middle Initial) MR JOHN HOLLINGER Mailing Address 784 CAPE HENRY DE City COLUMBUS FEC ID number of contributing federal political committee. | State OH C | Zip Code 43228 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | DIR BUS | SINESS PLANNING P Year-to-Date ▼ 216.84 |] |
| | Full Name (Last, First, Middle Initial) MR RICHARD JONES Mailing Address 12224 MONTCALM S | Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y | | |
| | City | State | Zip Code | Transaction ID: INCA29544 |
| | CARMEL | IN | 46032 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 15.08 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP/GM | n | |
| | Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 784.16 | |
| | Full Name (Last, First, Middle Initial) MR WILLIAM KELLEY, III Mailing Address 1970 WOODLANDS PL | | | Date of Receipt 1 2 0 2 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: INCA29464 |
| | POWELL FEC ID number of contributing federal political committee. | OH C | 43065 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio GENERA | n AL MGR GROUP | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1300.00 | |
| Ę | SUBTOTAL of Receipts This Page (optional) | | | 44.25 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|--|---|
| NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any person the name and address of any political committee to committee. | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR ROSS LUCE Mailing Address 1066 WEST GROV | ` | Date of Receipt 1 2 0 2 2 0 0 6 |
| City GIBSONIA | State Zip Code PA 15044 | Transaction ID: INCA29356 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 15.00 |
| MEDCO HE'ALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | VP/GM Aggregate Year-to-Date ▼ 480.00 | |
| Full Name (Last, First, Middle Initial) MR EDWARD MCNEILEY Mailing Address 2623 KENCHESTE | R LOOP | Date of Receipt 1 2 0 2 2 0 0 6 |
| City | State Zip Code | Transaction ID: INCA29392 |
| WESLEY CHAPEL FEC ID number of contributing federal political committee. | FL 33543 | Amount of Each Receipt this Period |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | Occupation DIR PHARM PRACTICE | |
| Primary General Other (specify) | Aggregate Year-to-Date ▼ 600.00 | |
| Full Name (Last, First, Middle Initial) MR GILBERT RAINES MSiling Address 2000 CANDY TRAIL | | Date of Receipt |
| Mailing Address 800 SANDY TRAIL | | 12 / 02 / 2006 |
| City KELLER | State Zip Code TX 76248 | Transaction ID: INCA29623 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR HR | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 520.00 | |
| SUBTOTAL of Receipts This Page (options | l) | 40.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-----------|--|-------------------|---|---|
| | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) MS MARSHA REYNOLDS Mailing Address 907 ARISTA BLVD City VALRICO FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | State FL C | | Date of Receipt 1 2 0 2 2 0 0 6 Transaction ID: INCA29486 Amount of Each Receipt this Period 5.00 |
| | Receipt For: Primary General Other (specify) | DIR CUS | ST SVC e Year-to-Date ▼ 260.00 | |
| - З. | Full Name (Last, First, Middle Initial) FRANCIS SCHULTE Mailing Address 5023 SW BERMUDA V | VAY | | Date of Receipt 1 2 0 2 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: INCA29377 |
| | PALM CITY FEC ID number of contributing federal political committee. | C | 34990 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n PS OFFICER | |
| | Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 608.56 | |
| -). | Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III Mailing Address 1767 FAIRMOUNT STREET | | | Date of Receipt 1 2 0 2 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: INCA29448 |
| | CARMEL FEC ID number of contributing federal political committee. | C | 46032 | Amount of Each Receipt this Period 28.85 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP ONC | on OLOGY TRC OPS | |
| | Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 1269.40 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 58.85 |
| | TOTAL This Period (last page this line number of | only) | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|---|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persone name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a.) | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE Mailing Address 6108 HUNTER LANE City COLLEYVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code TX 76034 C Occupation VP/GM Aggregate Year-to-Date 625.00 | Date of Receipt M M |
| Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT Mailing Address 8362 GOLDEN PRAI City TAMPA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code FL 33647 C Occupation VP/GM Aggregate Year-to-Date 2035.00 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR LARRY THOMAS Mailing Address 3915 SILKWOOD TF City ARLINGTON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code TX 76016 C Occupation MANAGING PHARMACIST Aggregate Year-to-Date 229.32 | Date of Receipt M M |
| SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number | | 66.91 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S | totomonts ma | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 244 (check only one) X |
|----|--|--------------------|---|---|
| \ | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | name and ad | dress of any political committee to | o solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) TIM TIDD Mailing Address 10302 S FEDERAL HV | VY | | Date of Receipt |
| | PO BOX 266 City | State | Zip Code | 1 2 0 2 2 0 0 6 Transaction ID: INCA29442 |
| | PORT ST LUCIE | FL | 34952 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 12.50 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM I | on PATIENT SVCS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 425.00 | |
| В. | Full Name (Last, First, Middle Initial) MR HECTOR TORRES Mailing Address 6022 HOMESTEAD CO | | | Date of Receipt |
| | Mailing Address 6023 HOMESTEAD CO | 12 02 2006 | | |
| | City | State | Zip Code | Transaction ID: INCA29480 |
| | HILLIARD FEC ID number of contributing federal political committee. | ОН | 43026 | Amount of Each Receipt this Period 4.28 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SUPV IN | IVENTORY CONTROL | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 222.56 | |
| С. | Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE | | | Date of Receipt |
| | Mailing Address 5 APPLE ORCHARD F | RD | | 12 02 2006 |
| | City MOORESTOWN | State NJ | Zip Code 08057 | Transaction ID: INCA29461 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 12.50 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | on | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 29.28 |
| Ī | TOTAL This Period (last page this line number | only) | | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 14 / 244 (check only one) X | |
|--|-----------------------------------|---|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | the name and add | dress of any political committee to | solicit contributions from such committee. | |
| Full Name (Last, First, Middle Initial) MS MARILYN WOLLETT Mailing Address 8174 MT AIR PL | | | Date of Receipt | |
| City COLUMBUS | State OH | Zip Code 43235 | Transaction ID: INCA29469 Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | | 25.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | - ' ' | n RM PRACTICE • Year-to-Date ▼ |] | |
| Full Name (Last, First, Middle Initial) MS LESLIE ACHTER Mailing Address 821 ALBEMARLE S | STREET | | Date of Receipt 1 2 0 9 2 0 0 6 | |
| City | State | Zip Code | Transaction ID: INCA29355 | |
| WYCKOFF | NJ | 07481 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | | 25.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS | | LYTICAL SVCS | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 387.50 |] | |
| Full Name (Last, First, Middle Initial) MR EDWARD ADAMCIK | | | | |
| Mailing Address 1021 SUNSET RID | Mailing Address 1021 SUNSET RIDGE | | | |
| City | State | Zip Code | Transaction ID: INCA29294 | |
| BRIDGEWATER FEC ID number of contributing federal political committee. | NJ C | 08807 | Amount of Each Receipt this Period 50.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP PHAR | n RM CONTRACT & CONSUL | TING | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1300.00 | | |
| SUBTOTAL of Receipts This Page (optional | <u> </u> | | 100.00 | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----|---|--------------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements ma e name and ad | ly not be sold or used by any persoldress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR STEPHEN ADLER | | | Date of Receipt |
| | Mailing Address 139 BELLVALE LAKE | S RD | | 12 09 2006 |
| | City WARWICK | State NY | Zip Code 10990 | Transaction ID: INCA29354 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 10000 | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP INFO | on O TECHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1300.00 | |
| В. | Full Name (Last, First, Middle Initial) MR JEFFREY ALEXANDER Mailing Address 4 DEERPOND CT | <u> </u> | | Date of Receipt |
| | City | Ctata | Zip Code | 12 09 2006 |
| | FLEMINGTON | State NJ | 08822 | Transaction ID: INCA29373 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 15.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | on TECHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 270.00 | |
| C. | Full Name (Last, First, Middle Initial) DR JODY ALLEN | | | Date of Receipt |
| | Mailing Address 3031 MOUNT HILL D | R | | 12 09 2006 |
| | City MIDLOTHIAN | State VA | Zip Code 23113 | Transaction ID: INCA29353 |
| | FEC ID number of contributing federal political committee. | C | 23113 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation CHIEF C | on CLINICAL OFFICER | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 115.00 |
| | TOTAL This Period (last page this line number | only) | · | |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 16 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|---|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any person the name and address of any political committee to C. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MARENE ALLISON Mailing Address 4405 WISMER ROA City DOYLESTOWN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code PA 18901 C Occupation VP SECURITY & ASSET PROTECTION Aggregate Year-to-Date | Date of Receipt M M |
| Full Name (Last, First, Middle Initial) MR JAMES ALLOCCO Mailing Address 19 ROSS ROAD City SCARSDALE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10583 C Occupation VP INFO TECHNOLOGY Aggregate Year-to-Date 800.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) TEJWANSH ANAND Mailing Address 10 WHIPPOORWIL City CHAPPAQUA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10514 C Occupation VP INFO TECHNOLOGY Aggregate Year-to-Date 1300.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional |) | 150.00 |

| SCHEDULE A (F | • | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 17/244 (check only one) |
|---|---|---|---|
| Any information copied fro or for commercial purpose | m such Reports and Statements ma s, other than using the name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| NAME OF COMMITTE | <u> </u> | | |
| Full Name (Last, First, MS MARIA ANDERSON | Middle Initial) | | Date of Receipt |
| | TROPICAL BREEZE WAY | | 12 09 2006 |
| City | State | Zip Code | Transaction ID: INCA29524 |
| TAMPA FEC ID number of confederal political commit | | 33602 | Amount of Each Receipt this Period 5.00 |
| Name of Employer MEDCO HEALTH SO | LUTIONS Occupation | | |
| Receipt For: Primary Other (specify) | General Aggregate | e Year-to-Date ▼ 260.00 | |
| Full Name (Last, First, DR ROGER ANDERSOI | | | Date of Receipt |
| Mailing Address 833 | | 12 09 2006 | |
| City LEWISVILLE | State TX | Zip Code 75056 | Transaction ID: INCA29639 |
| FEC ID number of confederal political commit | ributing | 75050 | Amount of Each Receipt this Period 192.30 |
| Name of Employer MEDCO HEALTH SO | LUTIONS Occupation | n HIEF PHARMACIST | |
| Receipt For: Primary Other (specify) | General Aggregate | e Year-to-Date ▼ 3719.10 | |
| Full Name (Last, First, MS JAYME ANTONOPL | | | Date of Receipt |
| Mailing Address 48 V | | | M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 |
| City HEWITT | State NJ | Zip Code 07421 | Transaction ID: INCA29483 |
| FEC ID number of confederal political commit | ributing | 07421 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR EXE | | n CC CORR | |
| Receipt For: Primary Other (specify) | General Aggregate | e Year-to-Date ▼ 650.00 | |
| SUBTOTAL of Receipts | | | 222.30 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | .) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 18 / 244 (check only one) X |
|---|----------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | the name and add | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR DAVID ARCISZEWSKI Mailing Address 190 WINDSOR PLA | ACE | | Date of Receipt 1 2 0 9 2 0 0 6 |
| City MADISON FEC ID number of contributing | State NJ | Zip Code 07940 | Transaction ID: INCA29427 Amount of Each Receipt this Period 25.00 |
| Receipt For: Primary Other (specify) | Occupation ASST CO | | 23.00 |
| Full Name (Last, First, Middle Initial) ERIK BAGIN Mailing Address 73 HIGHLAND AVE | NUE | | Date of Receipt 1 2 0 9 2 0 0 6 |
| City GLEN RIDGE | State NJ | Zip Code 07028 | Transaction ID: INCA29648 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation VP/GM Aggregate | n Year-to-Date ▼ 250.00 | 50.00 |
| Full Name (Last, First, Middle Initial) MS BECKIE BARATKO Mailing Address 80 N. WOODLAND STREET | | | Date of Receipt 1 2 0 9 2 0 0 6 |
| City ENGLEWOOD | State NJ | Zip Code 07631 | Transaction ID: INCA29558 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 35.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | | n POSAL UNIT Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | , iggi egale | 710.00 | |
| SUBTOTAL of Receipts This Page (optional |) | | 110.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 19 / 244 (check only one) X |
|--|--|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any person the name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR THOMAS BARATTA Mailing Address 69 SKYLINE DR City UPPER SADDLE RIVER | State Zip Code NJ 07458 | Date of Receipt M M M |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | Occupation VP INFO TECHNOLOGY Aggregate Year-to-Date 1020.00 | 50.00 |
| Full Name (Last, First, Middle Initial) MRS BRENDA BASSETT Mailing Address 1752 BLACKSTONE City CARROLLTON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | DRIVE State Zip Code TX 75007 C Occupation VP NATL ACCTS | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MR DAVID BAUGH Mailing Address 1813 ADONIS AVE | Aggregate Year-to-Date ▼ 1300.00 | Date of Receipt 1 2 0 9 2 0 0 6 |
| City HENDERSON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NV 89074 C Occupation MGR BENEFIT DELIVERY SYSTEMS Aggregate Year-to-Date 715.00 | Transaction ID: INCA29609 Amount of Each Receipt this Period 5.00 |
| SUBTOTAL of Receipts This Page (optional) | > | 105.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 20 / 244 (check only one) X |
|--|---------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | the name and add | ress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR PETER BEGANS Mailing Address 1605 CHARNITA C City VIENNA | State VA | Zip Code 22182 | Date of Receipt M M |
| FEC ID number of contributing federal political committee. | C | | 100.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | ERNMENT AFFAIRS Year-to-Date ▼ 2600.00 | |
| Full Name (Last, First, Middle Initial) MR STEPHEN BELL Mailing Address 24 GLENWOOD Re | OAD | | Date of Receipt 1 2 0 9 2 0 0 6 |
| City UPPER SADDLE RIVER | State NJ | Zip Code 07458 | Transaction ID: INCA29622 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FINAN | | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 1300.00 | |
| Full Name (Last, First, Middle Initial) MS ELIZABETH BERGMAN | l | | Date of Receipt |
| Mailing Address 36 LONGACRE DR | ? | | 12 09 2006 |
| City LIVINGSTON | State NJ | Zip Code 07039 | Transaction ID: INCA29559 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL AC | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 260.00 | |
| SUBTOTAL of Receipts This Page (optional | al) | | 160.00 |
| TOTAL This Period (last page this line num | ber only) | | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 21 / 244 (check only one) X |
|----------------|--|----------------------|---|--|
| | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. Policy in the such as | name and add | dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| ∠ A. | Full Name (Last, First, Middle Initial) MS EILEEN BIDELL Mailing Address 71 WASHINGTON CT. | | | Date of Receipt 1 2 0 9 2 0 0 6 |
| | City TOWACO FEC ID number of contributing federal political committee. | State NJ | Zip Code 07082 | Transaction ID: INCA29489 Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | - | n PHARM OPS e Year-to-Date ▼ 475.00 | |
| - В. | Full Name (Last, First, Middle Initial) MR FLOYD BILLINGS Mailing Address 4273 BROGDAN FARM | 1 COURT | | Date of Receipt 1 2 0 9 2 0 0 6 |
| | City BUFORD FEC ID number of contributing federal political committee. | State GA | Zip Code 30518 | Transaction ID: INCA29503 Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | Occupatio TECHNIC | CAL SPECIALIST e Year-to-Date ▼ | |
| _ C. | Other (specify) Full Name (Last, First, Middle Initial) BRYAN BIRCH | 0 0 | 650.00 | Date of Receipt |
| | Mailing Address 4 WINDRUSH LANE City WESTPORT | State CT | Zip Code 06880 | Transaction ID: INCA29617 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio GROUP | n PRES, EMPLOYER GROUP | 192.00 |
| | Receipt For: Primary General Other (specify) ▼ | - | e Year-to-Date ▼ 4992.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 242.00 |
| | TOTAL This Period (last page this line number of | only) | > | |

| ITEN | IEDULE A (FEC Form 3X) MIZED RECEIPTS Iformation copied from such Reports and Sta | tements ma | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 22 / 244 (check only one) X |
|--------------|---|-------------------|---|---|
| or for | commercial purposes, other than using the name of COMMITTEE (In Full) EDCO HEALTH SOLUTIONS INC. PC | ame and ad | dress of any political committee to | solicit contributions from such committee. |
| A. MS | II Name (Last, First, Middle Initial) S SUZANNE BLACKBURN ailing Address 4520 LINWOOD LANE | | | Date of Receipt 1 2 0 9 2 0 0 6 |
| Cit | у | State | Zip Code | Transaction ID: INCA29607 |
| DE | EEPHAVEN | MN | 55331 | Amount of Each Receipt this Period |
| | C ID number of contributing deral political committee. | C | | 50.00 |
| | me of Employer EDCO HEALTH SOLUTIONS | | ENT & MKT STRATEGIC DE | <u>v</u> |
| Re | ceipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 310.00 | |
| B. MF | II Name (Last, First, Middle Initial) R JONATHAN BLAUMAN iiling Address 50 NEW ENGLAND DR | | | Date of Receipt 1 2 0 9 2 0 0 6 |
| Cit | y AMSEY | State NJ | Zip Code 07446 | Transaction ID: INCA29446 Amount of Each Receipt this Period |
| FE | C ID number of contributing deral political committee. | C | | 50.00 |
| Na ME | me of Employer EDCO HEALTH SOLUTIONS | Occupation VP MKT | n ING & PRODUCT DEV | |
| Re | ceipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 800.00 | |
| C. MF | II Name (Last, First, Middle Initial) R MICHAEL BOGDA | | | Date of Receipt |
| Ma | ailing Address 80 LEONA CT | | | 12 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Cit | • | State | Zip Code | Transaction ID: INCA29611 |
| | EVITTOWN | NY | 11756 | Amount of Each Receipt this Period |
| fec | C ID number of contributing deral political committee. | C | | 25.00 |
| | me of Employer EDCO HEALTH SOLUTIONS | | TECHNOLOGY | |
| Re | ceipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| SUB | TOTAL of Receipts This Page (optional) | | > | 125.00 |

| SCHEDULE A (FEC Fori | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 23 / 244 (check only one) X 11a |
|---|--|---|
| Any information copied from such Rep or for commercial purposes, other than | orts and Statements may not be sold or used by any per using the name and address of any political committee | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTION | IS INC. POLITICAL ACTION COMMITTEE (a. | k.a. Medco Health PAC) |
| Full Name (Last, First, Middle Initia MRS HEATHER BONOME |) | Date of Receipt |
| Mailing Address 203 12TH ST | REET NE | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City WASHINGTON | State Zip Code DC 20002 | Transaction ID: INCA29415 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLINICAL SVCS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 425.00 | |
| Full Name (Last, First, Middle Initia |) | Date of Receipt |
| Mailing Address 3935 BALSAN | 12 09 2006 | |
| City PLYMOUTH | State Zip Code MN 55441 | Transaction ID: INCA29327 |
| FEC ID number of contributing federal political committee. | C 33441 | Amount of Each Receipt this Period |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLINICAL SVCS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |
| Full Name (Last, First, Middle Initia MR JOSEPH BOTTA |) | Date of Receipt |
| Mailing Address 109 ARBOR F | PL | 1 2 0 9 2 0 0 6 |
| City BRYN MAWR | State Zip Code PA 19010 | Transaction ID: INCA29332 |
| FEC ID number of contributing federal political committee. | C 13010 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP SALES | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | |
| CURTOTAL of Possints This Page (| optional) | 60.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | ^) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 24 / 244 (check only one) X | |
|---|----------------------------------|---|--|--|
| Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | g the name and add | ress of any political committee to | solicit contributions from such committee. | |
| Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX Mailing Address 6527 SHORBURG | iH DRIVE | | Date of Receipt 1 2 0 9 2 0 0 6 | |
| City INDIANAPOLIS FEC ID number of contributing | State IN | Zip Code 46278 | Transaction ID: INCA29278 Amount of Each Receipt this Period 25.00 | |
| Receipt For: Primary Other (specify) | Occupation DIR PHAI | RM PRACTICE Year-to-Date ▼ 275.00 | | |
| Full Name (Last, First, Middle Initial) MS SALLIE BOWDEN Mailing Address 5259 FISHERCRE | Date of Receipt 1 2 0 9 2 0 0 6 | | | |
| City | • | | | |
| RICHMOND FEC ID number of contributing federal political committee. | C | 23231 | Amount of Each Receipt this Period 200.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | | MULARY CONSULTING Year-to-Date ▼ 5000.00 | | |
| Full Name (Last, First, Middle Initial) MS HEIDI BOWMAN | | | Date of Receipt | |
| Mailing Address 15 DAWN LANE | | | 12 09 2006 | |
| City RINGWOOD | State NJ | Zip Code | Transaction ID: INCA29604 | |
| FEC ID number of contributing federal political committee. | C | 07456 | Amount of Each Receipt this Period 30.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS | | R STRAT PRODUCT MGMT | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 780.00 | | |
| | • | | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 25 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any perso e name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR CHRISTOPHER BRADBURY Mailing Address 3 DEER HORN TRAIL City UPPER SADDLE RIVER FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07458 C Occupation VP DIABETES SOLUTIONS Aggregate Year-to-Date 260.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS PATRICIA BRANUM Mailing Address 210 FROG HOLLOW City COATESVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR DAVID BREEN Mailing Address 27 SEALS DR City MONROE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10950 C Occupation DIR ANALYTICAL SVCS Aggregate Year-to-Date 650.00 | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) . | > | 110.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 26 / 244 (check only one) X |
|--|----------------------|---|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | | | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) | OLITICAL / | ACTION COMMITTIEE (a.k.a | , |
| MR PAUL BRISSON Mailing Address 469 MANOR LANE | | | Date of Receipt 1 2 0 9 2 0 0 6 |
| City | State | Zip Code | Transaction ID: INCA29394 |
| PELHAM MANOR | NY | 10803 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 15.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR PRO | n DDUCT DEVELOPMENT | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 390.00 | |
| Full Name (Last, First, Middle Initial) MR KENNETH BROWN | | | Date of Receipt |
| Mailing Address 540 GIORDANO DRIV | | | 12 09 2006 |
| City | State | Zip Code | Transaction ID: INCA29329 |
| YORKTOWN HEIGHTS | NY | 10598 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP ENTE | n ERPRISE BUS INTELLIGEN | — C E |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1300.00 |] |
| Full Name (Last, First, Middle Initial) MS VIVIAN BULGER | | | Date of Receipt |
| Mailing Address 120 EAST MAIN ST | | | 12 09 2006 |
| City | State | Zip Code | Transaction ID: INCA29532 |
| WASHINGTONVILLE | NY | 10992 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 20.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | - | FINANCE | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 520.00 |] |
| SUBTOTAL of Receipts This Page (optional) | | | 85.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 27/244 (check only one) |
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| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | C. POLITICAL <i>I</i> | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MS MARY BURKE | | | Date of Receipt |
| Mailing Address 638 LENOX AVE | | | 12 09 2006 |
| City WESTFIELD | State NJ | Zip Code 07090 | Transaction ID: INCA29388 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC DI | n R MEDICARE CLIENT PRC | |
| Receipt For: Primary General Other (specify) ▼ | ' | Year-to-Date ▼ 260.00 | |
| Full Name (Last, First, Middle Initial) GEORGE BURNITE | | | Date of Receipt |
| Mailing Address 68 WOODLAND D | RIVE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City CHURCHVILLE | State PA | Zip Code 18966 | Transaction ID: INCA29628 |
| FEC ID number of contributing federal political committee. | C | 10900 | Amount of Each Receipt this Period 20.00 |
| Name of Employer ACCREDO HEALTH GROUP | Occupation DIR SAL | n ES PLANNING | |
| Receipt For: Primary General Other (specify) ▼ | - | e Year-to-Date ▼ 420.00 | |
| Full Name (Last, First, Middle Initial) MR KEVIN BURON | | | Date of Receipt |
| Mailing Address 25 TIMBERLAND | | | M M / D D / Y Y Y Y Y 1 Y 1 2 0 9 2 0 0 6 |
| City ALISO VIEJO | State CA | Zip Code 92656 | Transaction ID: INCA29431 |
| FEC ID number of contributing federal political committee. | C | 92030 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM S | n SYSTEMED SALES | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 650.00 | |
| SUBTOTAL of Receipts This Page (optional | | | 55.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 28 / 244 (check only one) X |
|---|---|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any person ne name and address of any political committee to a POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MRS PEGEEN BUTTERFIELD Mailing Address 23 NUTTING PLACE City | State Zip Code | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| WEST CALDWELL FEC ID number of contributing federal political committee. | NJ 07006 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation SR DIR BUSINESS DEVELOPMENT Aggregate Year-to-Date 650.00 | |
| Full Name (Last, First, Middle Initial) MRS DOREEN CALDER Mailing Address 441 S ELM STREET | | Date of Receipt 1 2 0 9 2 0 0 6 |
| City | State Zip Code | Transaction ID: INCA29275 |
| MAYWOOD FEC ID number of contributing federal political committee. | NJ 07607 | Amount of Each Receipt this Period 40.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | Occupation DIR PRODUCT DEVELOPMENT Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1040.00 | |
| Full Name (Last, First, Middle Initial) MR GERALD CARDONE Mailing Address 2 CLEEVES COURT | | Date of Receipt |
| | | 12 09 2006 |
| City NEW WINDSOR | State Zip Code NY 12553 | Transaction ID: INCA29577 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR FACILITY PLANNING & DESIGN | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |
| SUBTOTAL of Receipts This Page (optional) | · | 75.00 |
| TOTAL This Period (last page this line number | er only) | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 29 / 244 (check only one) X 11a 11b 11c 12 |
|---|----------------------|---|---|
| Any information copied from such Reports and | l Statements ma | . 0 | n for the purpose of soliciting contributions |
| or for commercial purposes, other than using t | the name and add | dress of any political committee to | o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | . POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR RAYMOND CARLUCCI | | | Date of Receipt |
| Mailing Address 24 SHERI DRIVE | | | 12 09 2006 |
| City | State | Zip Code | Transaction ID: INCA29526 |
| ALLENDALE | NJ | 07401 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 52.50 |
| Name of Employer ACCREDO HEALTH GROUP | Occupatio GROUP | ⁿ VP MARKET STRATEGY & | DEV |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 1365.00 | |
| Full Name (Last, First, Middle Initial) MS CATHERINE CASALE | | | Date of Receipt |
| Mailing Address 16345 HEATHROW | DRIVE | | 12 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: INCA29573 |
| TAMPA | FL | 33647 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 13.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio NATL AC | n CCT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 338.00 | |
| Full Name (Last, First, Middle Initial) MS MARY CASALE | | | Date of Receipt |
| Mailing Address 822 CEDAR AVE | | | 12 09 7 2006 |
| City | State | Zip Code | Transaction ID: INCA29436 |
| HADDENFIELD | NJ | 08033 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP SALE | n ES STRATEGY & MARKETII | NG |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 650.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 90.50 |

| I | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and St | atements ma | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 30 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions |
|-----------------|--|-------------------|---|--|
| | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and ad | dress of any political committee to | solicit contributions from such committee. |
| ∠ A . | Full Name (Last, First, Middle Initial) MR FRANK COLIANO Mailing Address 5176 BALDWIN TERRA | ACE | | Date of Receipt |
| | | | 7' 0 1 | 12 09 2006 |
| | City MARIETTA | State GA | Zip Code 30068 | Transaction ID: INCA29366 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 15.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | CCT EXEC | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 390.00 | |
| Б. | Full Name (Last, First, Middle Initial) MR JOSEPH CONOSHENTI, JR Mailing Address 5 MAGNOLIA DRIVE | | | Date of Receipt 1 2 0 9 2 0 0 6 |
| | City MARLBORO | State NJ | Zip Code 07746 | Transaction ID: INCA29303 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| С. С. | Full Name (Last, First, Middle Initial) WILLIAM CONSIDINE | | | Date of Receipt |
| | Mailing Address 130 WEST 67TH STRE | EET, #4J | | 12 09 2006 |
| | City NEW YORK | State NY | Zip Code 10023 | Transaction ID: INCA29630 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | on TECHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 65.00 |

| ITEMIZED RECEIPTS | Use separate schedule for each category of the Detailed Summary Pag | Crieck only one) |
|---|---|--|
| Any information copied from such Reports or for commercial purposes, other than us | and Statements may not be sold or used by an ing the name and address of any political comm | y person for the purpose of soliciting contributions ittee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS I | NC. POLITICAL ACTION COMMITTEE | (a.k.a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR ROBERT COOK | | Date of Receipt |
| Mailing Address 270 S FRANKLIN | I TURNPIKE | 12 09 2006 |
| City RAMSEY | State Zip Code NJ 07446 | Transaction ID: INCA29322 |
| FEC ID number of contributing federal political committee. | NJ 07446 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR HLTH CARE OPS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.0 | 00 |
| Full Name (Last, First, Middle Initial) MR STEPHEN COURTMAN Mailing Address OF FALDWAY TO | I All | Date of Receipt |
| Mailing Address 25 FAIRWAY TF | | 12 09 2006 |
| City SPARTA | State Zip Code NJ 07871 | Transaction ID: INCA29414 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP PHARMACY NETWORK I | MGMT |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1025.0 | |
| Full Name (Last, First, Middle Initial) MR ANGELO CUOZZO | | Date of Receipt |
| Mailing Address 19 IDA COURT | | 12 09 2006 |
| City STATEN ISLAND | State Zip Code NY 10312 | Transaction ID: INCA29440 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 00 |
| SURTOTAL of Receipts This Page (onti- | onal) | 100.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 32 / 244 (check only one) X |
|---|--|----------------------|---|---|
| A | ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | Full Name (Last, First, Middle Initial) MS ROSELIN DANIEL Mailing Address 17 DEVONSHIRE DRI City RANDOLPH FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | State NJ C Occupatio | Zip Code 07869 | Date of Receipt M M M |
| | Receipt For: Primary General Other (specify) ▼ | , ' | e Year-to-Date ▼ 650.00 | |
| | Full Name (Last, First, Middle Initial) MR KENNETH DANIELS Mailing Address 4156 DUNMORE DRIV | VE | | Date of Receipt M |
| | City | State | Zip Code | Transaction ID: INCA29485 |
| | LAKE WALES | <u>FL</u> | 33859 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP/GM | n | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 1300.00 | |
| | Full Name (Last, First, Middle Initial) MS MARY DASCHNER Mailing Address 2926 EWING AVE S | • | | Date of Receipt 1 2 0 9 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: INCA29390 |
| | MINNEAPOLIS | MN | 55416 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.30 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | , ' | PRES RETIREE SOLUTION | IS |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 4999.80 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 242.30 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 33 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------------|--|-------------------|---|---|
| Ai | ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | name and ad | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| <u>۷</u> ۸. | Full Name (Last, First, Middle Initial) DR AMITA DASMAHAPATRA Mailing Address 24 CHARLOTTE HILL | DR | | Date of Receipt 1 2 0 9 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: INCA29318 |
| | BERNARDSVILLE | NJ | 07924 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | MEDICAL POLICY & PROG | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 260.00 | |
| | Full Name (Last, First, Middle Initial) MR ANDREW DAVIS | | | Date of Receipt |
| | Mailing Address 3920 EXCELSIOR BL\ #313 | | 7:n Oada | 12 09 2006 |
| | City SAINT LOUIS PARK | State MN | Zip Code 55416 | Transaction ID: INCA29402 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 33710 | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP MKT | on ING & PRODUCT DEV | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 340.00 | |
| | Full Name (Last, First, Middle Initial) MR DANIEL DAVISON Mailing Address 18 BENTLEY DRIVE | | | Date of Receipt 1 2 0 9 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: INCA29527 |
| | FRANKLIN LAKES | NJ | 07417 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | IANCIAL PLANNING | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1300.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 110.00 |
| T | OTAL This Period (last page this line number | only) | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 34 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----|---|--------------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements ma e name and ad | ly not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL . | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR LUCA DEFLORENTIIS | UDE OTDE | | Date of Receipt |
| | Mailing Address N108 W7045 BERKS | HIRE STREE | = I | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29456 |
| | CEDARBURG | WI | 53012 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | on ACCT MGMT | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | 1 |
| В. | Full Name (Last, First, Middle Initial) MS BARBARA DELLEDONNA | | | Date of Receipt |
| | Mailing Address 199 SANFORD AVE | | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29560 |
| | EMERSON | NJ | 07630 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | + | E-COM BUSINESS OPS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 260.00 | |
| C. | Full Name (Last, First, Middle Initial) MR PAUL DELLO RUSSO | | | Date of Receipt |
| | Mailing Address 80 HILLSIDE AVENUI | E | | 12 09 2006 |
| | City GLEN RIDGE | State NJ | Zip Code 07028 | Transaction ID: INCA29429 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 07020 | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST Co | on OUNSEL | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 60.00 |
| | TOTAL This Period (last page this line number | only) | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 35 / 244 (check only one) X |
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| 0 | ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements mage name and add | y not be sold or used by any persondress of any political committee to | on for the purpose of soliciting contributions |
| | MEDCO HEALTH SOLUTIONS INC. I | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ۱. | Full Name (Last, First, Middle Initial) MS KAREN DEZEARN Mailing Address 4740 BRINKLEY LANI | г ыг | | Date of Receipt |
| | Walling Address 4740 BRIINCLET LAIN | E INE | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29299 |
| | ATLANTA | GA | 30342 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR NATI | n L ACCT EXEC | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 650.00 | |
| _ | Full Name (Last, First, Middle Initial) MS ROBBIN DICESARE | 1 | | Date of Receipt |
| | Mailing Address 1003T HIGH STREET | • | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29521 |
| | BURLINGTON TOWNSHI | NJ | 08016 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 9.28 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | TECHNOLOGY | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 482.56 | |
| | Full Name (Last, First, Middle Initial) WILLIS DINGLE | • | | Date of Receipt |
| | Mailing Address 905 SW SCRUB OAK | AVE | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29362 |
| | PALM CITY | <u>FL</u> | 34990 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR I | HR | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | _ |
| | Primary General Other (specify) ▼ | | 1300.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 59.28 |

| SCHEDULE A (FEC Form SITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 36 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any persong the name and address of any political committee to NC. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR ROBERT DOLAN Mailing Address 9 CRANE AVENU City WEST CALDWELL FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | State Zip Code NJ 07006 C Occupation DIR TECHNOLOGY Aggregate Year-to-Date ▼ | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS MERIDITH DORNER Mailing Address 8010 ORCHARD City FOGELSVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | VIEW LANE State Zip Code PA 18051 C Occupation NATL ACCT EXEC Aggregate Year-to-Date ▼ | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29313 Amount of Each Receipt this Period 25.00 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MR H.RONALD DRIZIN Mailing Address 17 DAYBREAK City IRVINE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | State Zip Code CA 92614 C Occupation VP CONTRACT ADMINISTRATOR | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (option | Aggregate Year-to-Date 1300.00 nal) umber only) | 100.00 |

| | ULE A (FEC Form 3X) ED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 37/244 (check only one) X 11a |
|-------------------------|--|---|---|---|
| Any informa or for comm | tion copied from such Reports and ercial purposes, other than using th | on for the purpose of soliciting contributions o solicit contributions from such committee. | | |
| 1 \ | F COMMITTEE (In Full) O HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| | e (Last, First, Middle Initial) A DUNCAN | Date of Receipt | | |
| | ddress 125 COMSTOCK TRA | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City | LAMBTON | State | Zip Code | Transaction ID: INCA29439 |
| FEC ID r | HAMPTON number of contributing olitical committee. | CT | 06424 | Amount of Each Receipt this Period 25.00 |
| Name of MEDCO | Employer HEALTH SOLUTIONS | Occupatio SR DIR | n TECHNOLOGY | |
| | For: mary General ner (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| | e (Last, First, Middle Initial) PHEN DUNLEAVY | Date of Receipt | | |
| | ddress 14026 KNOX STREE | 12 09 2006 | | |
| City OVFRI | AND PARK | State KS | Zip Code 66221 | Transaction ID: INCA29358 Amount of Each Receipt this Period |
| FEC ID r | FEC ID number of contributing federal political committee. | | | 50.00 |
| Name of MEDCO | Employer HEALTH SOLUTIONS | Occupatio VP SALE | n ES SEGMENT LEADER | |
| | For: mary General ner (specify) ♥ | Aggregate | e Year-to-Date ▼ 450.00 |] |
| | e (Last, First, Middle Initial) | | | Date of Receipt |
| | ddress 312 MEGAN CT | 12 09 2006 | | |
| City | DEE | State NJ | Zip Code 07481 | Transaction ID: INCA29499 |
| FEC ID r | FEC ID number of contributing federal political committee. Name of Employer MEDICAL LICENSIA | | 07461 | Amount of Each Receipt this Period 25.00 |
| Name of MEDCO | | | n BENEFIT DELIVERY SYS | |
| | For: mary ☐ General ner (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| SUBTOTA | L of Receipts This Page (optional) . | | | 100.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 38 / 244 (check only one) X |
|----|---|---|---|--|
| , | Any information copied from such Reports and S or for commercial purposes, other than using the | on for the purpose of soliciting contributions o solicit contributions from such committee. | | |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ۸. | Full Name (Last, First, Middle Initial) MS GEORGIA EDDLEMAN Mailing Address 908 EDGEMEER LAN | Date of Receipt | | |
| | Walling Address 908 EDGEWEER LAIN | IE | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29590 |
| | SOUTHLAKE | TX | 76092 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 34.45 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP/GM | n | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1791.40 | |
| | Full Name (Last, First, Middle Initial) MR MICHAEL EDWARDS | Date of Receipt | | |
| | Mailing Address 379 DURHAM RD | | | 12 / 09 / 2006 |
| | City | State | Zip Code | Transaction ID: INCA29328 |
| | WYCKOFF | NJ | 07481 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP/GM | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 650.00 | |
| _ | Full Name (Last, First, Middle Initial) DR EDWARD EISENBERG, MD | • | | Date of Receipt |
| | Mailing Address 128 SUMMIT AVENUE | | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29637 |
| | UPPER MONTCLAIR | NJ | 07043 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS MEDICA | | RE CHIEF MEDICAL OFFIC | CER |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | _ |
| | Primary General Other (specify) ▼ | | 1135.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 109.45 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 39 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 | | | |
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| or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any person g the name and address of any political committee to a lC. POLITICAL ACTION COMMITTEE (a.k.a. | n for the purpose of soliciting contributions solicit contributions from such committee. | | | |
| Full Name (Last, First, Middle Initial) MR FREDERICK ELSTON Mailing Address 106 GRAHAM TER | Full Name (Last, First, Middle Initial) MR FREDERICK ELSTON | | | | |
| City | State Zip Code | 1 2 0 9 2 0 0 6 Transaction ID: INCA29500 | | | |
| SADDLE BROOK | NJ 07663 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 25.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNICAL SPECIALIST | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | | | | |
| Full Name (Last, First, Middle Initial) MR SCOTT ENOS | | | | | |
| Mailing Address 22 BARNARD RD | | | | | |
| City WARWICK | State Zip Code RI 02886 | Transaction ID: INCA29418 | | | |
| FEC ID number of contributing federal political committee. | RI 02886 | Amount of Each Receipt this Period 10.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLINICAL SVCS | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | | | | |
| Full Name (Last, First, Middle Initial) MR BRAD EPSTEIN | | | | | |
| Mailing Address 359 LONG HILL R | Mailing Address 359 LONG HILL ROAD EAST | | | | |
| City BRIARCLIFF MANOR | State Zip Code NY 10510 | Transaction ID: INCA29643 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 50.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CORP COMMUNICATIONS | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1090.00 | | | | |
| SUBTOTAL of Receipts This Page (option | al) | 85.00 | | | |

| | Statements may not be sold or used by any person | X 11a 11b 11c 12 13 14 15 16 1 |
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| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and address of any political committee to s | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) DR ROBERT EPSTEIN Mailing Address 75 TWEED BLVD | Date of Receipt | |
| City | State Zip Code | 1 2 0 9 2 0 0 6 Transaction ID: INCA29269 |
| UPPER GRANDVIEW | NY 10960 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 192.31 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation CMO SVP MEDICAL&ANLYTC AFFRS | <u>-</u> 5 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 3481.55 | |
| Full Name (Last, First, Middle Initial) MR SCOTT ERHARDT | | Date of Receipt |
| Mailing Address 11540 39TH AVE N | | 12 09 2006 |
| City | State Zip Code | Transaction ID: INCA29406 |
| PLYMOUTH 550 ID. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | MN 55441 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 15.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP ACCT SVCS & ADMIN |] |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 390.00 | |
| Full Name (Last, First, Middle Initial) MR YAKOV ESTERLIS | <u> </u> | Date of Receipt |
| Mailing Address 100 WINSTON DRIVE 17 C NORTH | | 12 09 2006 |
| City | State Zip Code | Transaction ID: INCA29595 |
| CLIFFSIDE PARK | NJ 07010 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR TECHNOLOGY | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 650.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 232.31 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 41 / 244 (check only one) X |
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| 4 | Any information copied from such Reports and or for commercial purposes, other than using the | on for the purpose of soliciting contributions | | |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ۱. | Full Name (Last, First, Middle Initial) MR EDWARD FARGIS Mailing Address 216 ELMWOOD AVE | NII IE | | Date of Receipt |
| | Walling Address 210 ELIVIVOOD AVE | 12 09 2006 | | |
| | City | State | Zip Code | Transaction ID: INCA29618 |
| | HO-HO-KUS | NJ | 07423 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation COUNS! | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 750.00 | |
| _ | Full Name (Last, First, Middle Initial) DR RICHARD FEIFER | | | Date of Receipt |
| | Mailing Address 32 EILEEN DR | | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29395 |
| | MAHWAH | NJ | 07430 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | E ENHANCING SOLUTIONS | 3 |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | _ |
| | Other (specify) | | 1300.00 | |
| | Full Name (Last, First, Middle Initial) MR THOMAS FEITEL | Date of Receipt | | |
| | Mailing Address 58 APPLE HILL DR | | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29432 |
| | GILLETTE | NJ | 07933 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.23 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP CO | | n RP MKTG & E-COMM | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 4997.98 | |
| | SUBTOTAL of Receipts This Page (optional) | ı | | 292.23 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 42 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 | | | |
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| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. I | | | | |
| Full Name (Last, First, Middle Initial) MS DAWN FELDNER Mailing Address 275 BIRCH STREET City EMERSON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | State Zip Code NJ 07630 C Occupation SR DIR BUSINESS REQUIREMENTS Aggregate Year-to-Date | Date of Receipt 1 2 | | | |
| Full Name (Last, First, Middle Initial) MR THOMAS FERRAZZANO Mailing Address 464 SPRING AVE. City RIDGEWOOD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | State Zip Code NJ 07450 C Occupation SR DIR TECHNOLOGY Aggregate Year-to-Date 675.00 | Date of Receipt M M M D D D Z D O G Transaction ID: INCA29528 Amount of Each Receipt this Period 25.00 | | | |
| Full Name (Last, First, Middle Initial) MR DON FISCHER Mailing Address 10 TRACY CIRCLE City CAMPBELL HALL FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10916 C Occupation SR DIR TECHNOLOGY Aggregate Year-to-Date 375.00 | Date of Receipt M M D D Q Q D O O | | | |
| SUBTOTAL of Receipts This Page (optional) | > | 75.00 | | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 43 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
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| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persone name and address of any political committee to | |
| 1 1 | POLITICAL ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR EDWARD FISCHER Mailing Address 465 OLD STONE RD | | Date of Receipt |
| City | State Zip Code | 1 2 0 9 2 0 0 6 Transaction ID: INCA29385 |
| RIDGEWOOD | NJ 07450 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CLINICAL PROD INTEGRATION | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 775.00 | |
| Full Name (Last, First, Middle Initial) MR ANTHONY FLOWERS | | Date of Receipt |
| Mailing Address 1933 MT. OLIVE AGOSTA ROAD | | 12 09 2006 |
| City | State Zip Code OH 43341 | Transaction ID: INCA29473 |
| NEW BLOOMINGTON FEC ID number of contributing federal political committee. | OH 43341 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR HLTH CARE OPS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MR PAUL FORTUNATO, III | | Date of Receipt |
| Mailing Address 18 WINDING RIDGE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City OAKLAND | State Zip Code NJ 07436 | Transaction ID: INCA29339 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATL ACCT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 85.00 |

| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commentation purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) Full Name (Last, First, Middle Initial) MID JUSEPH FRENCO Malling Address 9 GREEN HILL TRAIL City TROPHY CLUB TX 76882 FEC ID number of contributing federal political committee. Cupation SVP NATIONAL SERVICE CENTER Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MIR ANDREW FREDELL Malling Address 1434 NARRAGANSETT BLVD City State City City State Zip Code Transaction ID: INCA29352 Amount of Each Receipt in Period FEC ID number of contributing federal political committee. City FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: INCA29352 Amount of Each Receipt in Period Transaction ID: INCA29352 Amount of Each Receipt in Period Transaction ID: INCA29352 Amount of Each Receipt in Period Transaction ID: INCA29352 Amount of Each Receipt in Period Transaction ID: INCA29352 Amount of Each Receipt in Period FULL Name (Last, First, Middle Initial) Malling Address 24 MOREHOUSE PL City State Zip Code Transaction ID: INCA29352 Amount of Each Receipt in Period Transaction ID: INCA29352 Amount of Each Receipt in Period Transaction ID: INCA29352 Amount of Each Receipt in Period Transaction ID: INCA29352 Amount of Each Receipt in Period Transaction ID: INCA29352 Amount of Each Receipt in Period Transaction ID: INCA29352 Amount of Each Receipt in Period Transaction ID: INCA29352 Amount of Each Receipt in Period Transaction ID: INCA29352 Transaction ID: INCA29352 | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 44 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 1 | | | |
|---|--|---|--|--|--|--|
| Full Name (Last, First, Middle Initial) MR JOSEPH FRENDO Mailing Address 9 GREEN HILL TRAIL City State Zip Code TX 76282 FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) MR ANDREW FREDELL Mailing Address 1434 NARRAGANSETT BLVD City State Zip Code Type Code Ty | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | ne name and address of any political committee to | solicit contributions from such committee. | | | |
| Mailing Address 9 GREEN HILL TRAIL City TROPHY CLUB TX 78262 FEC ID number of contributing tederal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: INCA29491 Amount of Each Receipt this Period Transaction ID: INCA29491 Amount of Each Receipt this Period Date of Receipt Transaction ID: INCA29352 Transaction | MEDCO HEALTH SOLUTIONS INC. | POLITICAL ACTION COMMITTEE (a.k.a | . Medco Health PAC) | | | |
| City State Zip Code TROPHY CLUB TX 75262 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Full Name (Last, First, Middle Initial) MRANDREW FRIEDELL Mailing Address 1434 NARRAGANSETT BLVD City State Zip Code RECO HEALTH SOLUTIONS Receipt For: Perimary General Other (specify) ▼ C State Zip Code RECO HEALTH SOLUTIONS Receipt For: Perimary General Other (specify) ▼ C State Zip Code RECO HEALTH SOLUTIONS Receipt For: Perimary General Other (specify) ▼ FULL Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Perimary General Other (specify) ▼ C State Zip Code NJ 07974 FULL Name (Last, First, Middle Initial) MRAIOSEPH GALANDI Mailing Address 24 MOREHOUSE PL City State Zip Code NJ 07974 FEC ID number of contributing federal political committee. C State Zip Code NJ 07974 FULL Name (Last, First, Middle Initial) MRAIOSEPH GALANDI Mailing Address 24 MOREHOUSE PL City State Zip Code NJ 07974 FEC ID number of contributing federal political committee. C State Zip Code NJ 07974 FEC ID number of contributing federal political committee. C State Zip Code NJ 07974 FEC ID number of contributing federal political committee. C State Zip Code NJ 07974 FEC ID number of contributing federal political committee. Receipt For: Perimary General Other (specify) ▼ 1300.00 | | | | | | |
| Transaction ID: INCA29491 TROPHY CLUB TX 78292 TROPHY CLUB TX 78292 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Other (specify) ▼ Full Name (Last, First, Middle Initial) MR ANDREW FRIEDELL Mailing Address 1434 NARRAGANSETT BLVD City State City State City State City Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Transaction ID: INCA29491 Amount of Each Receipt this Period Transaction ID: INCA29451 Amount of Each Receipt this Period Transaction ID: INCA29451 Amount of Each Receipt this Period Transaction ID: INCA29451 Amount of Each Receipt this Period Transaction ID: INCA29451 Transaction ID: INCA29451 Amount of Each Receipt this Period Transaction ID: INCA29451 Transaction ID: INCA29451 Transaction ID: INCA29451 Amount of Each Receipt this Period Transaction ID: INCA29451 Transaction ID: INCA29 | Mailing Address 9 GREEN HILL TRAI | L | 12 09 YYYYY 12 09 2006 | | | |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS SVP NATIONAL SERVICE CENTER | City | State Zip Code | | | | |
| Name of Employer Name of Em | TROPHY CLUB | TX 76262 | Amount of Each Receipt this Period | | | |
| Receipt For: | | C | 50.00 | | | |
| Primary | | • | | | | |
| Cother (specify) ▼ 2600.00 Full Name (Last, First, Middle Initial) MR ANDREW FRIEDELL Mailing Address 1434 NARRAGANSETT BLVD City State Zip Code RI 02905 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Full Name (Last, First, Middle Initial) MR JOSEPH GALARDI Mailing Address 24 MOREHOUSE PL City State Zip Code NJ 07974 FULL Name (Last, First, Middle Initial) Mailing Address 24 MOREHOUSE PL City State Zip Code NJ 07974 FEC ID number of contributing federal political committee. City State Zip Code NJ 07974 FEC ID number of contributing federal political committee. City State Zip Code NJ 07974 FEC ID number of contributing federal political committee. City Amount of Each Receipt this Period City State Zip Code NJ 07974 FEC ID number of contributing federal political committee. City Amount of Each Receipt this Period Transaction ID: INCA29267 Amount of Each Receipt this Period Transaction ID: INCA29267 Amount of Each Receipt this Period Transaction ID: INCA29267 Amount of Each Receipt this Period Transaction ID: INCA29267 Amount of Each Receipt this Period Transaction ID: INCA29267 Amount of Each Receipt this Period Transaction ID: INCA29267 Amount of Each Receipt this Period Transaction ID: INCA29267 Amount of Each Receipt this Period Transaction ID: INCA29267 Amount of Each Receipt this Period Transaction ID: INCA29267 Amount of Each Receipt this Period Transaction ID: INCA29267 Amount of Each Receipt this Period Transaction ID: INCA29267 Amount of Each Receipt this Period Transaction ID: INCA29267 Amount of Each Receipt this Period Transaction ID: INCA29267 Amount of Each Receipt this Period Transaction ID: INCA29267 Amount of Each Receipt this Period Transaction ID: INCA29267 Amount of Each Receipt this Period | | Aggregate Year-to-Date ▼ | | | | |
| MR ANDREW FRIEDELL Mailing Address 1434 NARRAGANSETT BLVD City State Zip Code CRANSTON RI 02905 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Full Name (Last, First, Middle Initial) MR JOSEPH GALARDI Mailing Address 24 MOREHOUSE PL City State Zip Code NJ 07974 FEC ID number of contributing General City State Zip Code NJ 07974 FEC ID number of contributing General City State Zip Code NJ 07974 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | , – | | | | | |
| Mailing Address 1434 NARRAGANSETT BLVD City State Zip Code Transaction ID: INCA29352 CRANSTON RI 02905 FEC ID number of contributing federal political committee. C | | | Date of Receipt | | | |
| City State Zip Code RI 02905 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Other (specify) ▼ Primary General Other (specify) ▼ State Zip Code 30.00 Transaction ID: INCA29352 Amount of Each Receipt this Period 30.00 Transaction ID: INCA29352 Amount of Each Receipt this Period Transaction ID: INCA29352 Amount of Each Receipt this Period Transaction ID: INCA29352 Amount of Each Receipt this Period Transaction ID: INCA29352 Amount of Each Receipt this Period Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Mailing Address 1434 NARRAGANSE | TT BLVD | | | | |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Pagregate Year-to-Date ▼ Date of Receipt Tansaction ID: INCA29267 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Tansaction ID: INCA29267 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00 | City | State Zip Code | | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR GOV AFFAIRS | CRANSTON | RI 02905 | Amount of Each Receipt this Period | | | |
| Receipt For: Primary General T80.00 | | C | 30.00 | | | |
| Primary General Other (specify) ▼ Table 1 | Name of Employer MEDCO HEALTH SOLUTIONS | | | | | |
| MR JOSEPH GALARDI Mailing Address 24 MOREHOUSE PL City State Zip Code NEW PROVIDENCE NJ 07974 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: INCA29267 Amount of Each Receipt this Period 50.00 | Primary General | | | | | |
| City NEW PROVIDENCE NJ 07974 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary Other (specify) ▼ Primary General Other (specify) ▼ Primary 12 09 2006 Transaction ID: INCA29267 Amount of Each Receipt this Period 50.00 Aggregate Year-to-Date 1300.00 | | | Date of Receipt | | | |
| City NEW PROVIDENCE NJ 07974 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00 | Mailing Address 24 MOREHOUSE PL | - | | | | |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) Occupation VP & COUNSEL Aggregate Year-to-Date 1300.00 | City | State Zip Code | | | | |
| federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00 | NEW PROVIDENCE | NJ 07974 | Amount of Each Receipt this Period | | | |
| MEDCO HEALTH SOLUTIONS VP & COUNSEL Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00 | | C | 50.00 | | | |
| Primary General Other (specify) ▼ 1300.00 | Name of Employer MEDCO HEALTH SOLUTIONS | I ' | | | | |
| Other (specify) 1300.00 | | Aggregate Year-to-Date ▼ | | | | |
| CURTOTAL of Descripts This Dans (antique) | _ | 1300.00 | | | | |
| | SUPTOTAL of Pagainta This Paga (artisms) | | 130.00 | | | |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 45 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
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| A oi | ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | on for the purpose of soliciting contributions o solicit contributions from such committee. | | |
| . ∠ | Full Name (Last, First, Middle Initial) MS PAMELA GALASSINI | | | Date of Receipt |
| | Mailing Address 720 N. LARRABEE APT 1701 | | | 12 09 2006 |
| | City CHICAGO | State IL | Zip Code | Transaction ID: INCA29603 |
| | FEC ID number of contributing federal political committee. | C | 60654 | Amount of Each Receipt this Period 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SVP PH | n ARMA STRAT & SOLUTION | _ s |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 3061.55 | |
| | Full Name (Last, First, Middle Initial) MS IRENE GALE | Date of Receipt | | |
| | Mailing Address 3 MAIZE TRAIL | 12 09 2006 | | |
| | City | State | Zip Code | Transaction ID: INCA29381 |
| | PLACITAS | NM | 87043 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | CLINICAL SVCS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 260.00 |] |
| _ | Full Name (Last, First, Middle Initial) MS IVY GALLACCHI | | | Date of Receipt |
| | Mailing Address 11 LAKE AVENUE | 12 09 2006 | | |
| | City | State | Zip Code | Transaction ID: INCA29636 |
| | MALTA | NY | 12020 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO | | TECHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 260.00 |] |
| | SUBTOTAL of Receipts This Page (optional) | | | 212.31 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 46 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 | |
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| (| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | on for the purpose of soliciting contributions solicit contributions from such committee. | | | |
| | MEDCO HEALTH SOLUTIONS INC. I | POLITICAL | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| Α. | Full Name (Last, First, Middle Initial) MS PATRICIA GALLAGHER Mailing Address 842 ASHLER CT | Date of Receipt | | | |
| | City | State | Zip Code | 1 2 0 9 2 0 0 6 Transaction ID: INCA29566 | |
| | <u>COLUMBUS</u> | OH OH | 43235 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 15.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL AC | on CCT EXEC | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 390.00 | | |
| В. | Full Name (Last, First, Middle Initial) MR BARNEY GALLASSIO | Date of Receipt | | | |
| | Mailing Address 69 LAKEVIEW DR | | | 12 09 2006 | |
| | City | State | Zip Code | Transaction ID: INCA29463 | |
| | OLD TAPPAN FEC ID number of contributing federal political committee. | NJ C | 07675 | Amount of Each Receipt this Period 50.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CLIE | on :NT RELATIONS | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1031.92 | | |
| c. | Full Name (Last, First, Middle Initial) MICHAEL GALVIN | | | Date of Receipt | |
| | Mailing Address 25 BALLYMEADE RO | Mailing Address 25 BALLYMEADE ROAD | | | |
| | City HOPEWELL JUNCTION | State NY | Zip Code 12533 | Transaction ID: INCA29626 Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 192.31 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP/CHI | | on IEF INFRASTRUCTURE OF | FR | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 3519.24 | | |
| | SUBTOTAL of Receipts This Page (optional) | | | 257.31 | |
| | TOTAL This Period (last page this line number | | <u> </u> | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 47 / 244 (check only one) X |
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| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | Statements may not be sold or used by any perse name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR OMHARAISRIRAM GANGAIKONDAN-IYEE Mailing Address 9 CAIRNES ROAD City MORRIS PLAINS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07950 C Occupation DIR TECHNOLOGY Aggregate Year-to-Date 400.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR PETER GAYLORD Mailing Address 1201 BRIDGE STREE City ASBURY PARK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07712 C Occupation SVP TREASURY & FINANCIAL EVA Aggregate Year-to-Date 1300.00 | Date of Receipt M |
| Full Name (Last, First, Middle Initial) MR FRANK GENTILELLA Mailing Address 20 BROOKSHIRE DF City ROBBINSVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 08691 C Occupation VP/GM Aggregate Year-to-Date 1300.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | 125.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 48 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 | | | |
|----|---|--|---|--|--|--|--|
| | or for commercial purposes, other than using the | Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so | | | | | |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL . | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) | | | |
| A. | Full Name (Last, First, Middle Initial) MR ROBERT GIBBS Mailing Address 544 DENMOOR COU | DT | | Date of Receipt | | | |
| | Mailing Address 544 DENIVIOUR COU | 12 09 2006 | | | | | |
| | CALLOWAY | State OH | Zip Code | Transaction ID: INCA29311 | | | |
| | GALLOWAY FEC ID number of contributing federal political committee. | C | 43119 | Amount of Each Receipt this Period 12.50 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR OPS | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 412.50 | | | | |
| В. | Full Name (Last, First, Middle Initial) MR THOMAS GILSON Mailing Address 2 PELL FARM ROAD | Date of Receipt | | | | | |
| | | 12 09 2006 | | | | | |
| | City SADDLE RIVER | State NJ | Zip Code 07458 | Transaction ID: INCA29599 Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | 0.740 | 192.31 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | SENERAL MGR | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 5000.00 | | | | |
| C. | Full Name (Last, First, Middle Initial) MS MICHELE GLYNN | | | | | | |
| | Mailing Address 5333 EAST HELENA | Mailing Address 5333 EAST HELENA DRIVE | | | | | |
| | City | State | Zip Code | Transaction ID: INCA29511 | | | |
| | SCOTTSDALE FEC ID number of contributing federal political committee. | C | 85254 | Amount of Each Receipt this Period 25.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Name of Employer MEDCO HEALTH SOLUTIONS SR DIR F | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | | | | |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 229.81 | | | |
| | TOTAL This Period (last page this line number | only) | · | | | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 49 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 11: |
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| NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any person he name and address of any political committee to s POLITICAL ACTION COMMITTEE (a.k.a. | for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS AUDREY GOODMAN Mailing Address 26 HILLSIDE AVE. City GLEN ROCK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07452 C Occupation VP ORG DEV Aggregate Year-to-Date ▼ 390.00 | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29542 Amount of Each Receipt this Period 15.00 |
| Full Name (Last, First, Middle Initial) MR JAMES GORMAN Mailing Address 11 WASHBURN RD City CANTON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code CT 06022 C Occupation SR DIR CLIENT & MKT PROG STRAT Aggregate Year-to-Date 650.00 | Date of Receipt M M M / D D / Y Y Y Y Y 1 2 0 0 6 Transaction ID: INCA29323 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MR JAMES GRANT, II Mailing Address 1928 BEVERLY LAN City BUFFALO GROVE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code IL 60089 C Occupation VP FINANCIAL INSIGHTS Aggregate Year-to-Date 650.00 | Date of Receipt M |
| SUBTOTAL of Receipts This Page (optional) | <u> </u> | 65.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 50 / 244 (check only one) X |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | name and ad | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR EDWARD GRIX | | | Date of Receipt |
| Mailing Address 525 ORANGEBURG R | RD | | 12 09 2006 |
| City | State | Zip Code | Transaction ID: INCA29398 |
| PEARL RIVER | NY | 10965 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR I | n BUSINESS REQUIREMENTS | 8 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 640.00 | |
| Full Name (Last, First, Middle Initial) MS GINA GRUHN | | | Date of Receipt |
| Mailing Address 13 WEATHER VANE [| DRIVE | | M M / D D / Y Y Y Y Y 1 1 2 0 9 2 0 0 6 |
| City | State | Zip Code | Transaction ID: INCA29425 |
| CONVENT STATION | NJ | 07960 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP/GM A | n ACCOUNT SERVICES | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MS TRACY GRUNSFELD | l | | Date of Receipt |
| Mailing Address 211 NORTH END AVE APT 3C | NUE | | 12 09 YYYYY 12 09 2006 |
| City | State | Zip Code | Transaction ID: INCA29315 |
| NEW YORK | NY | 10282 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 15.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP CON | n SUMER DRIVEN MKTS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 390.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 65.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 51 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-----------|---|--------------------------------|---|---|
| Ar | y information copied from such Reports and S for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| \rangle | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | . Medco Health PAC) | | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR RICHARD GUIOR | Date of Receipt | | |
| | Mailing Address 50 BELLEVUE AVE | 01-1- | 7'- 0-1- | 12 09 2006 |
| | City SUMMIT | State NJ | Zip Code 07901 | Transaction ID: INCA29284 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 07001 | 90.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP BIAC | | |
| | Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2340.00 | |
| — 3. | Full Name (Last, First, Middle Initial) MR MARK HALLORAN Mailing Address 40 KINGS BIRGE BO | AD | | Date of Receipt |
| | Mailing Address 19 KINGS RIDGE RO | 12 09 2006 | | |
| | City | State | Zip Code | Transaction ID: INCA29501 |
| | LONG VALLEY | NJ | 07853 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation CHIEF II | on NFO OFFICER | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2769.24 | |
| ;. | Full Name (Last, First, Middle Initial) MR GREGORY HANSEN | I | | Date of Receipt |
| | Mailing Address 1659 ISABELLA PARKWAY | | | 12 09 YYYYY 12006 |
| | City CHASKA | State MN | Zip Code 55318 | Transaction ID: INCA29602 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP BUS | on S TRANSFORMATION & CC | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1300.00 | |
| s | UBTOTAL of Receipts This Page (optional) | 1 | | 332.31 |
| | OTAL This Period (last page this line number | only) | | |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Benorts a | Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any perso | FOR LINE NUMBER: PAGE 52 / 244 (check only one) X |
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| or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) | ng the name and address of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS KELLY HANZAWA Mailing Address 1116 OAKCROFT | LANE | Date of Receipt |
| | | 12 09 2006 |
| City SOMERSET | State Zip Code NJ 08873 | Transaction ID: INCA29567 |
| FEC ID number of contributing federal political committee. | C 08873 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR ACCT MGMT OPS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MS SHANA HART | | Date of Receipt |
| Mailing Address 20 FAIR GREEN I | DRIVE | 12 09 2006 |
| City TROPHY CLUB | State Zip Code TX 76262 | Transaction ID: INCA29422 |
| FEC ID number of contributing federal political committee. | C 70202 | Amount of Each Receipt this Period 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATL ACCT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |
| Full Name (Last, First, Middle Initial) MR PETER HARTY | | Date of Receipt |
| Mailing Address 19520 YELLOW V | VING COURT | 12 09 2006 |
| City | State Zip Code | Transaction ID: INCA29268 |
| COLORADO SPRINGS | CO 80908 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 192.31 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP GOVERNMENT AFFAIRS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 4773.89 | |
| SUBTOTAL of Receipts This Page (option | nal) | 227.31 |

| | DULE A (FEC Form 3X) ZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 53 / 244 (check only one) X |
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| or for con | mation copied from such Reports and S nmercial purposes, other than using the OF COMMITTEE (In Full) CO HEALTH SOLUTIONS INC. F | name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. . Medco Health PAC) |
| A. MR W Mailin City ALE) FEC I federa Name MEDO Recei | | | Zip Code 22314 n ERNMENT AFFAIRS e Year-to-Date ▼ | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full N MR M Mailin City PHO FEC I | D number of contributing | State AZ | Zip Code 85029 | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29333 Amount of Each Receipt this Period 25.00 |
| Name MEDO Recei | of Employer CO HEALTH SOLUTIONS ot For: Primary General Other (specify) | Occupation VP SALE | | |
| City MON FEC I federa Name MEDO Recei | ame (Last, First, Middle Initial) LEEN HEINZ g Address 27 DOGWOOD LN TVALE D number of contributing I political committee. of Employer CO HEALTH SOLUTIONS of For: Primary General Other (specify) | | Zip Code 07645 n SINESS DEV e Year-to-Date 260.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTO | FAL of Receipts This Page (optional) | | | 60.00 |
| TOTAL | This Period (last page this line number | only) | | |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Benorts a | Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any persor | FOR LINE NUMBER: PAGE 54 / 244 (check only one) X 11a |
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| or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) | g the name and address of any political committee to s IC. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR SCOTT HELMUS Mailing Address 23 VALLEY RD | | Date of Receipt 1 2 0 9 2 0 0 6 |
| City | State Zip Code | Transaction ID: INCA29316 |
| SUCCASUNNA | NJ 07876 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CLIENT SOLUTIONS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1200.00 | |
| Full Name (Last, First, Middle Initial) MR ERIC HESS | | Date of Receipt |
| Mailing Address 10 CARLTON RD | | 12 |
| City | State Zip Code | Transaction ID: INCA29387 |
| FLANDERS FEC ID number of contributing federal political committee. | NJ 07836 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP ENGINEERING & OPS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1100.00 | |
| Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON | | Date of Receipt |
| Mailing Address 16 LUTH TERRAC | CE | 1 2 0 9 2 0 0 6 |
| City | State Zip Code | Transaction ID: INCA29471 |
| WEST ORANGE | NJ 07052 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP PHARMACY OPS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | 150.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 55 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | name and ad | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR GLENN HOFFMAN | | | Date of Receipt |
| Mailing Address 974 HILLCREST ROAI | D | | 12 09 2006 |
| City | State | Zip Code | Transaction ID: INCA29543 |
| RIDGEWOOD | NJ | 07450 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 30.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FAC | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 780.00 | |
| Full Name (Last, First, Middle Initial) MR TIMOTHY HOGAN | | | Date of Receipt |
| Mailing Address 9 HIRLE ST | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: INCA29401 |
| CORNWALL ON HUDSON FEC ID number of contributing federal political committee. | C | 12520 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n CAL SPECIALIST | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MR JOHN HOLLINGER | l | | Date of Receipt |
| Mailing Address 784 CAPE HENRY DR | l | | 12 09 2006 |
| City | State | Zip Code | Transaction ID: INCA29475 |
| COLUMBUS | OH | 43228 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 4.17 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BUS | n SINESS PLANNING | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 216.84 | |
| SUBTOTAL of Receipts This Page (optional) | | | 59.17 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 56 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any persor the name and address of any political committee to sol. C. POLITICAL ACTION COMMITTEE (a.k.a. | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK Mailing Address 5 SUNCLIFF DR City TARRYTOWN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10591 C Occupation VP INTERVENTION DELIVERY SYST Aggregate Year-to-Date 2080.00 | Date of Receipt M M |
| Full Name (Last, First, Middle Initial) MS CYNTHIA HORN Mailing Address 9553 ANDREW DF City TWINSBURG FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | State Zip Code OH 44087 C Occupation VP CUST SVC Aggregate Year-to-Date ▼ | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Primary General Other (specify) Full Name (Last, First, Middle Initial) MR STEVEN HOROWITZ Mailing Address 4 MELISSA COUR City MONTVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | 381.94 | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) | Aggregate Year-to-Date ▼ 750.00 | 144.69 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 57 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
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| NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any personal the name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR WALTER HOSP | C. POLITICAL ACTION COMMITTEE (a.k.a | Date of Receipt |
| Mailing Address 1 OLD LANE City | State Zip Code | 1 2 0 9 2 0 0 6 Transaction ID: INCA29451 |
| SCARSDALE FEC ID number of contributing federal political committee. | NY 10583 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation VP TREASURY Aggregate Year-to-Date ▼ 625.00 | 1 |
| Full Name (Last, First, Middle Initial) MR JEFFREY HULL Mailing Address 2616 S 3B'S & K RI | | Date of Receipt 1 2 0 9 2 0 0 6 |
| City | State Zip Code | Transaction ID: INCA29476 |
| GALENA | OH 43021 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR HLTH CARE OPS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 323.00 |] |
| Full Name (Last, First, Middle Initial) MS JANE HULSE | | Date of Receipt |
| Mailing Address 95 GORDON RD | | 12 09 2006 |
| City ESSEX FELLS | State Zip Code NJ 07021 | Transaction ID: INCA29531 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FINANCE | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.00 | |
| SUBTOTAL of Receipts This Page (optional | l) | 100.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 58 / 244 (check only one) X 11a 11b 11c 12 15 16 17 | | |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad | dress of any political committee to | solicit contributions from such committee. | | |
| | MEDCO HEALTH SOLUTIONS INC. | $m{ angle}$ MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. M | | | | |
| Α. | Full Name (Last, First, Middle Initial) MR DAVID ISRAEL | Date of Receipt | | | | |
| | Mailing Address 730 COLUMBUS AVE | ENUE | | 12 006 | | |
| | City | State | Zip Code | Transaction ID: INCA29271 | | |
| | NEW YORK | NY | 10025 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP INT'L | n . STAKEHOLDER RELATIOI | NS | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | _ | | |
| | Primary General Other (specify) ▼ | | 650.00 | | | |
| В. | Full Name (Last, First, Middle Initial) MS SUSAN ITO | | | Date of Receipt | | |
| | Mailing Address 6366 SW 90TH STRE | 12 09 2006 | | | | |
| | City | State | Zip Code | Transaction ID: INCA29280 | | |
| | GAINESVILLE | FL | 32608 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio EXEC DI | n IR CLINICAL SVCS | | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | | | |
| | Other (specify) | | 1300.00 | | | |
| C. | Full Name (Last, First, Middle Initial) MS TERESE JACKSON | | | Date of Receipt | | |
| | Mailing Address 6085 S. PRESTON LA | ANE | | 12 09 2006 | | |
| | City | State | Zip Code | Transaction ID: INCA29317 | | |
| | NEW BERLIN FEC ID number of contributing | WI | 53151 | Amount of Each Receipt this Period | | |
| | federal political committee. | C | | 10.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR NATI | n _ ACCT EXEC | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| | Primary General Other (specify) ▼ | | 260.00 | | | |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 85.00 | | |
| | TOTAL This Period (last page this line number | | <u> </u> | | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 59 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | Statements may not be sold or used by any persecutive name and address of any political committee of POLITICAL ACTION COMMITTEE (a.k. | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR WILLIAM JACKSON Mailing Address 56 WARREN RD City WEST ORANGE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07052 C Occupation EXEC DIR MEDICARE OPS Aggregate Year-to-Date ▼ 390.00 | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29576 Amount of Each Receipt this Period 15.00 |
| Full Name (Last, First, Middle Initial) MR TODD JEFFREY Mailing Address 15 ELIZABETH STRE City DUMONT FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07628 C Occupation VP PHARM CONTRACT & CONSU Aggregate Year-to-Date 800.00 | Date of Receipt M M |
| Full Name (Last, First, Middle Initial) MRS ANNE JOHNSTON Mailing Address 700 S. HARBOUR ISI UNIT 432 City TAMPA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code FL 33602 C Occupation SR DIR INFO SERVICE CENTER Aggregate Year-to-Date 780.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) . | | 95.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 60 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
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| or for commercial purposes, other than usin | and Statements may not be sold or used by any person go the name and address of any political committee to sold. NC. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR RICHARD JONES Mailing Address 12224 MONTCAL | M STREET | Date of Receipt |
| Cit. | Chata Zia Chala | 12 09 2006 |
| City CARMEL | State Zip Code IN 46032 | Transaction ID: INCA29545 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 15.08 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 784.16 | |
| Full Name (Last, First, Middle Initial) MS KATHRYN JONSRUD | | Date of Receipt |
| Mailing Address 16357 VICTORIA | 12 09 2006 | |
| City PRIOR LAKE | State Zip Code MN 55372 | Transaction ID: INCA29421 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR CLIENT & MKT PROG STRAT | - - |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MR JOHN KAPIOSKI | | Date of Receipt |
| Mailing Address 8202 MARSH GLE | EN CT | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City TAMPA | State Zip Code FL 33647 | Transaction ID: INCA29525 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR PHARMACY COMPLIANCE | - |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | 90.08 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 61 / 244 (check only one) X |
|-------------|---|-------------------|---|--|
| \ \ \ | ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad | dress of any political committee to | o solicit contributions from such committee. |
| / | MEDCO HEALTH SOLUTIONS INC. | POLITICAL | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ۸. | Full Name (Last, First, Middle Initial) MS BECKY KAUS Mailing Address N81 W18359 TOURS | DD | | Date of Receipt |
| | Mailing Address N81 W18359 TOURS | טרי | | 12 09 7 2006 |
| | City | State | Zip Code | Transaction ID: INCA29412 |
| | MENOMONEE FALLS FEC ID number of contributing | WI | 53051 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | n CLINICAL SVCS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 650.00 | |
| | Full Name (Last, First, Middle Initial) MR WILLIAM KEELER | | | Date of Receipt |
| | Mailing Address 63 MOUNTAIN GLEN | 12 09 2006 | | |
| | City | State | Zip Code | Transaction ID: INCA29610 |
| | RINGWOOD NJ | | 07456 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNI | n CAL SPECIALIST | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | - |
| | Other (specify) | | 650.00 | |
| . – | Full Name (Last, First, Middle Initial) MR WILLIAM KELLEY, III | | | Date of Receipt |
| | Mailing Address 1970 WOODLANDS | 12 09 2006 | | |
| | City | State | Zip Code | Transaction ID: INCA29465 |
| | POWELL | ОН | 43065 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | AL MGR GROUP | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | - |
| | Other (specify) | 0 0 | 1300.00 | |
| _ | | | | |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 62 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---|---|--|
| NAME OF COMMITTEE (In Full) | I Statements may not be sold or used by any personal he name and address of any political committee to a POLITICAL ACTION COMMITTEE (a.k.a) | |
| Full Name (Last, First, Middle Initial) MR KEVIN KELLY Mailing Address 251 POPLAR AVE City HACKENSACK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07601 C Occupation SR DIR TECHNOLOGY Aggregate Year-to-Date 650.00 | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29300 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MS LISA KETNER Mailing Address 7 POINT VIEW City OAKLAND FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07436 C Occupation VP MEMBER STRATEGY Aggregate Year-to-Date 1300.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS KARIN KLEINEGGER Mailing Address 121 CONKLING TO City CHESTER FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10918 C Occupation SR DIR ACCT MGMT Aggregate Year-to-Date 1300.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | 125.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 63 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|----------------------------------|---|---|
| 7 | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may e name and add | not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) KENNETH KLEPPER | | | Date of Receipt |
| | Mailing Address 295 GLEN PLACE | | | 12 09 2006 |
| | City FRANKLIN LAKES | State NJ | Zip Code 07417 | Transaction ID: INCA29616 |
| | FEC ID number of contributing federal political committee. | C | 07417 | Amount of Each Receipt this Period 192.30 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation PRES & | CHIEF OPERATING OFFIC | — ER |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 4807.50 | |
| В. | Full Name (Last, First, Middle Initial) MR JON KLINE | <u> </u> | | Date of Receipt |
| | Mailing Address 36 CORTLAND TL | 12 09 2006 | | |
| | City | State | Zip Code | Transaction ID: INCA29612 |
| | MAHWAH FEC ID number of contributing federal political committee. | NJ C | 07430 | Amount of Each Receipt this Period 50.54 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP OPS | n PLANNING | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1314.04 |] |
| _ C. | Full Name (Last, First, Middle Initial) MR BRADFORD KOGEN | | | Date of Receipt |
| | Mailing Address 555 FORBUSH STRE | 12 09 YYYYY 12 09 | | |
| | City BOONTON | State NJ | Zip Code 07005 | Transaction ID: INCA29571 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 3,000 | 20.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR (| CLIENT RETAIL | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 520.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 262.84 |
| t | TOTAL This Period (last page this line number | | <u> </u> | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 64 / 244 (check only one) X 11a |
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| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any personal the name and address of any political committee to committee to committee. POLITICAL ACTION COMMITTEE (a.k.a.) | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS KATHLEEN KORDUCKI Mailing Address 920 CLARK STREE | :T | Date of Receipt |
| | | 12 09 2006 |
| City BOWLING GREEN | State Zip Code OH 43402 | Transaction ID: INCA29321 |
| FEC ID number of contributing federal political committee. | C 45402 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATL ACCT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 715.00 |] |
| Full Name (Last, First, Middle Initial) MS JOANN KRENITSKY | | Date of Receipt |
| Mailing Address 143 DEERFIELD T | 12 09 YYYY 12006 | |
| City MAHWAH | State Zip Code NJ 07430 | Transaction ID: INCA29347 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC DIR PRODUCT | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 610.00 | |
| Full Name (Last, First, Middle Initial) MS BARBARA KRZAK | | Date of Receipt |
| Mailing Address 495 ISLAND WAY | | 12 09 2006 |
| City FRANKLIN LAKES | State Zip Code NJ 07417 | Transaction ID: INCA29504 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 55.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP INFO TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1265.00 | |
| SUBTOTAL of Receipts This Page (optional | J) | 130.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 65 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|--|---|---|
| or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any perso the name and address of any political committee to . POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR MICHAEL KRZAN Mailing Address 2735 YORK RD City COLUMBUS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code OH 43221 C Occupation SVP MEMBER SVCS Aggregate Year-to-Date 1300.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR MANOJ KUMAR Mailing Address 7 SUNRISE WAY City TOWACO FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07082 C Occupation BUSINESS PROCESS CHAMPION Aggregate Year-to-Date 380.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER Mailing Address 1100 KIMBERLY CO City ROSEVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | OURT State Zip Code CA 95661 C Occupation SR DIR GOVERNMENT AFFAIRS Aggregate Year-to-Date 2600.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | · • • • • • • • • • • • • • • • • • • • | 175.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 66 / 244 (check only one) X |
|---|--|-------------------|---|---|
| 0 | ny information copied from such Reports and a for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and ad | dress of any political committee to | o solicit contributions from such committee. |
| | Full Name (Last, First, Middle Initial) JOSEPH LENZ | TOLITIOAL | AOTION OOMINITTEE (a.N.e | Date of Receipt |
| | Mailing Address 1735 LINKENHOLT C | | 7. 0. 1 | 12 09 2006 |
| | City COLLIERVILLE | State TN | Zip Code 38017 | Transaction ID: INCA29644 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP | Occupation VP PER | on FORMANCE STRATEGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 425.00 | |
| | Full Name (Last, First, Middle Initial) MR ROBERT LONG | | | Date of Receipt |
| | Mailing Address 18 HARLIND TERRA | 12 09 2006 | | |
| | City | State | Zip Code | Transaction ID: INCA29445 |
| | RAMSEY FEC ID number of contributing federal political committee. | NJ C | 07446 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NAT | on L ACCT EXEC | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 |] |
| _ | Full Name (Last, First, Middle Initial) MR ROSS LUCE | 1 | | Date of Receipt |
| | Mailing Address 1066 WEST GROVE | 12 09 2006 | | |
| | City GIBSONIA | State PA | Zip Code 15044 | Transaction ID: INCA29357 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 10044 | 15.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | on | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 480.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 65.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 67 / 244 (check only one) X 11a |
|---------|---|--------------------|---|--|
| | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad | ldress of any political committee to | o solicit contributions from such committee. |
| / | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL . | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MS DEBRA LUDGATE Mailing Address 238 WOODLAND AVE | | | Date of Receipt 1 2 0 9 2 0 0 6 |
| | City SUMMIT | State NJ | Zip Code | Transaction ID: INCA29404 |
| | FEC ID number of contributing federal political committee. | C | 07901 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | | MARKETING | |
| | Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| - З. | Full Name (Last, First, Middle Initial) MS CHERYL MACDONALD Mailing Address 15011 EAGLEPARK PI | LACE | | Date of Receipt 1 2 0 9 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: INCA29492 |
| | LITHIA FEC ID number of contributing federal political committee. | FL C | 33547 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | on CS REQUIREMENTS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| -). | Full Name (Last, First, Middle Initial) MR MICHAEL MAHON Mailing Address 64 PHEASANT HILL D | RIVE | | Date of Receipt 1 2 0 9 2 0 0 6 |
| | City WEST HARTFORD | State CT | Zip Code | Transaction ID: INCA29646 |
| | FEC ID number of contributing federal political committee. | C | 06107 | Amount of Each Receipt this Period 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR SAL | | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 260.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 60.00 |
| | TOTAL This Period (last page this line number of | only) | , | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 68 / 244 (check only one) X |
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| An | y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ۸. | Full Name (Last, First, Middle Initial) MR KENNETH MALLEY | | | Date of Receipt |
| | Mailing Address 764 W. SADDLE RIVI | 12 09 2006 | | |
| | City HO HO KUS | State NJ | Zip Code 07423 | Transaction ID: INCA29389 |
| | FEC ID number of contributing federal political committee. | C | 07423 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP & G | n BENERAL MGR | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 1300.00 | |
| | Full Name (Last, First, Middle Initial) MR MICHAEL MANDAGLIO | | | Date of Receipt |
| | Mailing Address 33 HICKORY TAVER | 12 09 2006 | | |
| | City | State | Zip Code | Transaction ID: INCA29282 |
| | GILLETTE | NJ | 07933 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FINA | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) ▼ | | 1300.00 | |
| | Full Name (Last, First, Middle Initial) MS ILENE MARCUS | | | Date of Receipt |
| | Mailing Address 97 BLUEBERRY DR | 12 09 2006 | | |
| | City | State | Zip Code | Transaction ID: INCA29513 |
| | WOODCLIFF LAKE DR FEC ID number of contributing federal political committee. | NJ C | 07675 | Amount of Each Receipt this Period 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | n FINANCE | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 210.00 | |
| | UBTOTAL of Receipts This Page (optional) . | 1 | | 110.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Κ) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 69 / 244 (check only one) X 11a | | |
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| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the name and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. | | |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | C. POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) | | |
| Full Name (Last, First, Middle Initial) MR GARY MARGIOTTA | | | Date of Receipt | | |
| Mailing Address 8 HEATHER HILL | Mailing Address 8 HEATHER HILL WAY | | | | |
| City | State | Zip Code | Transaction ID: INCA29383 | | |
| MENDHAM FEC ID number of contributing federal political committee. | NJ C | 07945 | Amount of Each Receipt this Period 10.00 | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST CO | | | | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 260.00 | | | |
| Full Name (Last, First, Middle Initial) MS TAMARA MARSHALL-IGUNBOR Mailing Address W144 N7150 TERF | Date of Receipt | | | | |
| | 12 09 2006 | | | | |
| City MENOMONEE FALLS | State WI | Zip Code 53051 | Transaction ID: INCA29408 Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | | 25.00 | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | 1 | | | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 650.00 | | | |
| Full Name (Last, First, Middle Initial) MR TODD MARTIN | | | Date of Receipt | | |
| | Mailing Address 11825 SHEPPARDS CROSSING | | | | |
| City CLARKSVILLE | State MD | Zip Code 21029 | Transaction ID: INCA29370 | | |
| FEC ID number of contributing federal political committee. | C | 21029 | Amount of Each Receipt this Period 192.30 | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP & G | n ENERAL MGR | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 4999.80 | | | |
| SUBTOTAL of Receipts This Page (optional | I | | 227.30 | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 70 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad | dress of any political committee to | solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) MR ROBERT MATCHETT Mailing Address Control (LAST) (LAST) | | | Date of Receipt |
| | Mailing Address 27 LAKEVILLE RD | | | 12 09 2006 |
| | City SUSSEX | State NJ | Zip Code 07461 | Transaction ID: INCA29331 |
| | FEC ID number of contributing federal political committee. | C | 07401 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR TEC | n HNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| В. | Full Name (Last, First, Middle Initial) MR JEFFREY MAY Mailing Address 137 WASHINGTON A | .VE | | Date of Receipt |
| | | 12 09 2006 | | |
| | City HILLSDALE | State NJ | Zip Code 07642 | Transaction ID: INCA29546 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 07042 | 192.30 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SVP PH | n ARMA STRAT & SOLUTION | S |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 4999.80 | |
| C. | Full Name (Last, First, Middle Initial) MR TERENCE MAYTIN | | | Date of Receipt |
| | Mailing Address 496 FRANKLIN AVE | | | 12 09 2006 |
| | City WYCKOFF | State NJ | Zip Code | Transaction ID: INCA29365 |
| | FEC ID number of contributing federal political committee. | C | 07481 | Amount of Each Receipt this Period 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP E-CC | n DM STRATEGY & DELIVERY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 260.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 227.30 |
| | TOTAL This Period (last page this line number | r only) | | |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | Use separate schedule for each category of the Detailed Summary Pag | (Crieck only one) | | | | |
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| Any information copied from such Report or for commercial purposes, other than u | is and Statements may not be sold or used by an sing the name and address of any political comm | y person for the purpose of soliciting contributions ittee to solicit contributions from such committee. | | | | |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS | INC. POLITICAL ACTION COMMITTEE | (a.k.a. Medco Health PAC) | | | | |
| Full Name (Last, First, Middle Initial) MS PATRICIA MAZZONE | | Date of Receipt | | | | |
| Mailing Address 56 PENOBSCO | Mailing Address 56 PENOBSCOT ST | | | | | |
| City CLIFTON | State Zip Code NJ 07013 | Transaction ID: INCA29450 | | | | |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 25.00 | | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR PRODUCT SVCS | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 00 | | | | |
| Full Name (Last, First, Middle Initial) MR SHAMUS MC GUIRE | | Date of Receipt | | | | |
| Mailing Address 19 FARMINGTO | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | |
| City RAMSEY | State Zip Code NJ 07446 | Transaction ID: INCA29396 Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | 50.00 | | | | |
| Name of Employer ACCREDO HEALTH GROUP | Occupation VP SALES AND MARKETING | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.0 | 00 " | | | | |
| Full Name (Last, First, Middle Initial) MR DANIEL MCCRONE | | Date of Receipt | | | | |
| Mailing Address 41 HENRY COL | JRT | 12 09 2006 | | | | |
| City MOUNT ARLINGTON | State Zip Code NJ 07856 | Transaction ID: INCA29640 | | | | |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 50.00 | | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP OPS | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 900.0 | 00 | | | | |
| CURTOTAL of Descripto This Dogs (out | ional) | 125.00 | | | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 72 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | Statements may not be sold or used by any perse name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k. | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR THOMAS MCDONALD Mailing Address 0-45 27TH ST City FAIR LAWN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) Other (specify) | State Zip Code NJ 07410 C Occupation DIR TECHNOLOGY Aggregate Year-to-Date 650.00 | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH Mailing Address 87 ROSELAWN RD City HIGHLAND MILLS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10930 C Occupation ASST GENERAL COUNSEL Aggregate Year-to-Date 3320.00 | Date of Receipt M M M |
| Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA Mailing Address 112 GREEN TERRAC City WEST MILFORD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07480 C Occupation SVP BUSINESS OPS Aggregate Year-to-Date 5000.00 | Date of Receipt M M D D 2 0 0 6 Transaction ID: INCA29584 Amount of Each Receipt this Period 192.31 |
| SUBTOTAL of Receipts This Page (optional) | | 409.31 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 73 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---|--|---|
| NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persone name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR EDWARD MCNEILEY Mailing Address 2623 KENCHESTER City WESLEY CHAPEL FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | · | Date of Receipt M M |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) MRS WENDY MELLO Mailing Address 5147 BLUE SPRUCE City YPSILANTI FEC ID number of contributing | E DR State Zip Code MI 48197 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| rederal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation DIR MKTING & STRATEGIC ANAL Aggregate Year-to-Date ▼ 425.00 | 25.00 |
| Full Name (Last, First, Middle Initial) DAVID MILLER Mailing Address 7 CLOVER LANE City RANDOLPH FEC ID number of contributing | State Zip Code NJ 07869 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| receipt For: Primary General Other (specify) | Occupation VP LABOR RELATIONS Aggregate Year-to-Date ▼ 650.00 | 25.00 |
| SUBTOTAL of Receipts This Page (optional) | | 65.00 |

| SCHEDULE ITEMIZED R | A (FEC Form 3X) ECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER (check only one) X 11a 11b 13 14 | R: PAGE 74/244 |
|---|---|-----------------------|---|--|--|
| or for commercial p | ourposes, other than using the MMITTEE (In Full) | name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of so solicit contributions fro | liciting contributions m such committee. |
| | ALTH SOLUTIONS INC. F | POLITICAL / | ACTION COMMITTEE (a.k.a | . Medco Health PAG | C) |
| MRS KAREN MI | | NORTH | | Date of Receipt | 9 2006 |
| City DENVILLE | | State NJ | Zip Code 07834 | Transaction ID: Amount of Each | INCA29281 Receipt this Period |
| FEC ID number federal political | | C | | | 30.00 |
| Name of Emplo MEDCO HEAL | yer TH SOLUTIONS | Occupatio SR DIR (| n COMPLIANCE | | |
| Receipt For: Primary Other (sp | General ecify) ♥ | Aggregate | e Year-to-Date ▼ 780.00 |] | |
| MR GIOVANNI N | | | | Date of Receipt | |
| Mailing Address | 12 LINCOLN ROAD | | | | 9 2006 |
| City KINNELON | | State NJ | Zip Code 07405 | Transaction ID: | |
| FEC ID number federal political | | C | 0/403 | Amount of Each | Receipt this Period 25.00 |
| Name of Emplo MEDCO HEAL | yer TH SOLUTIONS | Occupatio SR DIR | n TECHNOLOGY | | |
| Receipt For: Primary Other (sp | General ecify) ♥ | Aggregate | e Year-to-Date ▼ 650.00 |] | |
| MR BHUPESH N | t, First, Middle Initial) MISTRY 92 REDSTONE DR | | | Date of Receipt | 9 2006 |
| City | | State | Zip Code | Transaction ID: | |
| PARSIPPAN FEC ID number federal political | of contributing | C | 07054 | Amount of Each | Receipt this Period 25.00 |
| Name of Emplo MEDCO HEAL | yer TH SOLUTIONS | Occupatio TECHNIC | n CAL SPECIALIST | | |
| Receipt For: Primary Other (sp | General ecify) ♥ | Aggregate | e Year-to-Date ▼ 650.00 | | |
| SUBTOTAL of Re | eceipts This Page (optional) | | | | 80.00 |
| TOTAL This Peri | od (last page this line number | only) | | | |

| SCHEDULE A ITEMIZED REC | (FEC Form 3X) EIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 75 / 244 (check only one) X |
|--|--------------------------|---------------------------|---|---|
| | | ements may ame and add | not be sold or used by any persoress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMIT MEDCO HEALTI | , | LITICAL A | CTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Full Name (Last, Fir | · | _ | | Date of Receipt |
| | 620 LAKE RILEY DRIVE | | 7'- 0-1- | 12 09 2006 |
| City <u>CHANHASSEN</u> | | State MN | Zip Code 55317 | Transaction ID: INCA29376 Amount of Each Receipt this Period |
| FEC ID number of of federal political com | | C | | 10.00 |
| Name of Employer MEDCO HEALTH | SOLUTIONS | Occupation SR DIR S | PECIAL MARKETS | |
| Receipt For: Primary Other (specify | General) ▼ | Aggregate | Year-to-Date ▼ 260.00 | |
| Full Name (Last, Fir | | | | Date of Receipt |
| Mailing Address 1 | 320 BRONCO CIR | | | 12 09 2006 |
| City | | State | Zip Code | Transaction ID: INCA29386 |
| WARRINGTON | | PA | 18976 | Amount of Each Receipt this Period |
| FEC ID number of of federal political com | mittee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH S | SOLUTIONS | Occupation SR DIR T | ECHNOLOGY | |
| Receipt For: Primary | General | Aggregate | Year-to-Date ▼ | , |
| Other (specify | | | 550.00 | |
| Full Name (Last, Fir | | | | Date of Receipt |
| Mailing Address 8 | 6 WELLINGTON AVEN | UE | | M M / D D / Y Y Y Y Y 1 2 0 0 6 |
| City | | State | Zip Code | Transaction ID: INCA29272 |
| SHORT HILLS FEC ID number of of federal political com | | NJ C | 07078 | Amount of Each Receipt this Period 192.00 |
| Name of Employer MEDCO HEALTH S | | Occupation | SEC-SVP PHARM STRAT S | |
| Receipt For: Primary Other (specify | General) ▼ | | Year-to-Date ▼ 2010.00 | |
| OUDTOTAL (CD.) | ots This Page (optional) | | | 227.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 76 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----|---|-----------------------------|--|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements ma name and ad | ly not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | POLITICAL | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR TREVOR MORRIS | 0.00 | | Date of Receipt |
| | Mailing Address 25611 ROLLING HILL | S RD | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29368 |
| | LAGUNA HILLS | CA | 92653 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL A | on CCT EXEC | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 500.00 | |
| В. | Full Name (Last, First, Middle Initial) MR RICHARD MOUNTJOY | l | | Date of Receipt |
| | Mailing Address 2 STONEBRIDGE RD | | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29579 |
| | <u>SPARTA</u> | NJ | 07871 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 20.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | L ACCT EXEC | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 520.00 | |
| С. | Full Name (Last, First, Middle Initial) MR KEVIN MURPHY, JR | | | Date of Receipt |
| | Mailing Address 80 PARKWAY | | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29319 |
| | FAIRFIELD | СТ | 06824 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 125.00 |
| | Name of Employer ACCREDO HEALTH GROUP | | RKET STRATEGY AND DEV | / |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2100.00 | |
| | SUBTOTAL of Receipts This Page (optional) | <u> </u> | | 170.00 |
| | TOTAL This Period (last page this line number | only) | | |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | for each ca | ate schedule(s) ategory of the ummary Page | FOR LINE NUMBER: PAGE 77 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|--|--|--|--|
| Any information copied from such Reports a or for commercial purposes, other than usin | nd Statements may not be sold og the name and address of any p | r used by any perso olitical committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | C. POLITICAL ACTION CO | MMITTEE (a.k.a | . Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MS BECKY NAGLE Mailing Address 64 WALTER AVE | | | Date of Receipt |
| | State 7in Code | | 12 09 2006 |
| City HASBROUCK HEIGHTS | State Zip Code NJ 07604 | ; | Transaction ID: INCA29320 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CLINICAL SVCS | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date | 650.00 | |
| Full Name (Last, First, Middle Initial) MR ARTHUR NARDIN | | | Date of Receipt |
| Mailing Address 28 POWDERHOR | N DR | | 12 09 2006 |
| City | State Zip Code |) | Transaction ID: INCA29548 |
| KINNELON FEC ID number of contributing | NJ 07405 | - | Amount of Each Receipt this Period |
| federal political committee. | C | | 192.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP PHARMACEUT | ICAL CONTRAC | ET NG |
| Receipt For: | Aggregate Year-to-Date | ▼ | |
| Primary General Other (specify) ▼ | | 4992.00 | |
| Full Name (Last, First, Middle Initial) MR MICHAEL NICODEMO | • | | Date of Receipt |
| Mailing Address 407 MEER AVE | | | 12 09 2006 |
| City | State Zip Code |) | Transaction ID: INCA29583 |
| WYCKOFF | NJ 07481 | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP INFO TECHNOL | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date | 260.00 | |
| SUBTOTAL of Receipts This Page (option | al) | | 227.00 |
| TOTAL This Period (last page this line nur | nber only) | | |

| | IEDULE A (FEC Form 3X) MIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 78 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
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| or for o | formation copied from such Reports and St commercial purposes, other than using the ME OF COMMITTEE (In Full) EDCO HEALTH SOLUTIONS INC. P | name and add | dress of any political committee to | |
| A. MF Ma City SF FE fed | Il Name (Last, First, Middle Initial) R HAIK NOVSHADIAN uiling Address 45 DAVIS ROAD PARTA C ID number of contributing leral political committee. me of Employer EDCO HEALTH SOLUTIONS | State NJ C Occupation DIR CLIN | Zip Code 07871 n NICAL THERAPEUTICS | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29411 Amount of Each Receipt this Period 26.00 |
| Re | ceipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 676.00 |] |
| B. MS | Il Name (Last, First, Middle Initial) S COLLEEN O'BRIEN iiling Address 30 BELCHER ROAD | State | Zip Code | Date of Receipt M |
| FE | ARWICK C ID number of contributing leral political committee. | NY C | 10990 | Amount of Each Receipt this Period |
| | me of Employer EDCO HEALTH SOLUTIONS ceipt For: Primary General Other (specify) | | n HNOLOGY Year-to-Date ▼ 260.00 | |
|). <u>M</u> F | II Name (Last, First, Middle Initial) R CHARLES OESTREICHER illing Address 6 PARK DR SOUTH | | | Date of Receipt 1 2 0 9 2 0 0 6 |
| | | State NY | Zip Code 10580 | Transaction ID: INCA29568 Amount of Each Receipt this Period 50.00 |
| | me of Employer EDCO HEALTH SOLUTIONS | Occupation GROUP | | |
| Re | ceipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1300.00 | |
| SUBT | FOTAL of Receipts This Page (optional) | | | 86.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 79 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---|------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | the name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR MELVIN OHL Mailing Address 274 E FRANKLIN T City RIDGEWOOD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | State NJ C Occupation VP PRO | Zip Code 07450 n CUREMENT & INVENTORY | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MS CLAUDINE OLSEN Mailing Address 4 HIGHGATE CT City SUFFERN | State NY | Zip Code 10901 | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29561 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | n CCT EXEC • Year-to-Date ▼ 650.00 | 25.00 |
| Full Name (Last, First, Middle Initial) ALEXANDER ONIK Mailing Address 1 SCHINDLER CT City UPPER SADDLE RIVER FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | | HNOLOGY Year-to-Date ▼ | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29647 Amount of Each Receipt this Period 25.00 |
| Other (specify) ▼ SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line numb | , | • | 100.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 80 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|-----------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | ne name and ado | lress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS NATALYA ONIK Mailing Address 1 SCHINDLER CT City UPPER SADDLE RIVER FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | | Zip Code 07458 C SYSTEMS SOLUTIONS Year-to-Date ▼ 650.00 | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29428 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MS LUDIVINA PACAMARRA Mailing Address 4 TEAK COURT City RINGWOOD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | -, ' | Zip Code 07456 | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29510 Amount of Each Receipt this Period 50.00 |
| Primary General Other (specify) Full Name (Last, First, Middle Initial) MS DAWN PAGANO Mailing Address 185 PASCACK ROAI City PARK RIDGE FEC ID number of contributing federal political committee. | | 1300.00 Zip Code 07656 | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29509 Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | | Year-to-Date ▼ 1150.00 | 125.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 81 / 244 (check only one) X |
|----------|---|---|---|
| An | NAME OF COMMITTEE (In Full) | tatements may not be sold or used by any pers name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k. | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \angle | Full Name (Last, First, Middle Initial) | COLITICAL ACTION CONNITTIEE (a.k. | , |
| | MR RICHARD PAGANO Mailing Address 185 PASCACK RD | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| | City | State Zip Code | Transaction ID: INCA29505 |
| | PARK RIDGE FEC ID number of contributing federal political committee. | NJ 07656 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | Occupation SR DIR BUSINESS REQUIREMENT Aggregate Year-to-Date | TS . |
| | Primary General Other (specify) ▼ | 500.00 | |
| | Full Name (Last, First, Middle Initial) MRS MICHELE PAIGE | | Date of Receipt |
| | Mailing Address 12 MILLBROOK COUR | RT | 12 09 2006 |
| | City LIVINGSTON | State Zip Code NJ 07039 | Transaction ID: INCA29423 |
| | FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP RETIREE SOLUTIONS MKTG | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | |
| | Full Name (Last, First, Middle Initial) MR RICHARD PALOMBO | | Date of Receipt |
| | Mailing Address 19 E. HOLLYWOOD L | ANE | 12 09 2006 |
| | City BEESLEY'S POINT | State Zip Code NJ 08223 | Transaction ID: INCA29614 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 9.61 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR PHARMACY REGULATORY | , |
| | Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 201.81 | 7 |

TOTAL This Period (last page this line number only)

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 82 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
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| or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any persong the name and address of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR JAY PATEL Mailing Address 14 BROWNSTON City | NE TERRACE State Zip Code | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29634 |
| HAWTHORNE FEC ID number of contributing federal political committee. | NJ 07506 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation DIR TECHNOLOGY Aggregate Year-to-Date 500.00 | |
| Full Name (Last, First, Middle Initial) MR MICHAEL PETEROY Mailing Address 4769 STAVANGE | ER LANE | Date of Receipt 1 2 0 9 2 0 0 6 |
| City | State Zip Code | Transaction ID: INCA29493 |
| LAS VEGAS FEC ID number of contributing federal political committee. | NV 89147 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PRODUCT DEVELOPMENT | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MR THOMAS PETTYES Mailing Address 8522 UPLAND LN | N NORTH | Date of Receipt 1 2 0 9 2 0 0 6 |
| City | State Zip Code | Transaction ID: INCA29364 |
| MAPLE GROVE FEC ID number of contributing federal political committee. | MN 55311 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP & GENERAL MGR | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 880.00 | |
| SUPTOTAL of Possints This Page (entire | nal) | 100.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 83 / 244 (check only one) X |
|--|--|--|
| NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any personal ename and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a.) | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS JUDITH PLATKIN Mailing Address 29 BLACKWELL AVE City MORRISTOWN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07960 C Occupation SVP & GENERAL MGR Aggregate Year-to-Date 1410.00 | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29283 Amount of Each Receipt this Period 75.00 |
| Full Name (Last, First, Middle Initial) MS JANET PORAT Mailing Address 5 CRABAPPLE CT City MONSEY FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10952 C Occupation SR DIR TECHNOLOGY Aggregate Year-to-Date 650.00 | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29367 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE Mailing Address 875 ALEXANDRIA CT City RAMSEY FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07446 C Occupation SVP HR Aggregate Year-to-Date 4999.80 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) . | | 292.30 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 84 / 244 (check only one) X |
|-----|---|---------------------------------|---|---|
| , | Any information copied from such Reports and or for commercial purposes, other than using the | Statements ma le name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ۸. | Full Name (Last, First, Middle Initial) MR ROBERT PRITCHET | ND11/15 | | Date of Receipt |
| | Mailing Address 135 HOLLYBERRY D | HIVE | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29540 |
| | HOPEWELL JUNCTION | NY | 12533 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CON | n TRACT ADMINISTRATOR | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 650.00 | |
| . – | Full Name (Last, First, Middle Initial) MR MARK PROULX | 1 | | Date of Receipt |
| | Mailing Address 20 BRANDY RIDGE I | ROAD | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29605 |
| | SPARTA | NJ | 07871 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | F OPERATIONS | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | - |
| | Other (specify) ▼ | | 3061.55 | |
| | Full Name (Last, First, Middle Initial) MR GILBERT RAINES | 1 | | Date of Receipt |
| | Mailing Address 800 SANDY TRAIL | | | 12 09 YYYY 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29624 |
| | KELLER | TX | 76248 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR HR | n | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 520.00 |] |
| Γ | SUBTOTAL of Receipts This Page (optional) | 1 | | 227.31 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 85 / 244 (check only one) X |
|--|---|--|
| NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any person the name and address of any political committee to C. POLITICAL ACTION COMMITTEE (a.k.a. | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS FRANCES RAO Mailing Address 19 ROSS ROAD City SCARSDALE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | State Zip Code NY 10583 C Occupation VP PRIVACY Aggregate Year-to-Date ▼ | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29301 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MS JOANN REED Mailing Address 4 ANTLER CT City MATAWAN FEC ID number of contributing federal political committee. | State Zip Code NJ 07747 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) | Occupation SPECIAL ADVISOR TO CEO Aggregate Year-to-Date 5000.00 |] |
| MR THOMAS REINCKENS Mailing Address 204 TOKENEKE RI City DARIEN FEC ID number of contributing federal political committee. | State Zip Code CT 06820 | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29384 Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Occupation VP BIAC Aggregate Year-to-Date 550.00 | |
| SUBTOTAL of Receipts This Page (optional |)) | 115.38 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 86 / 244 (check only one) X 11a |
|-----------------|--|--------------------|---|---|
| 0 | ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and ad | dress of any political committee to | o solicit contributions from such committee. |
| ∠ A . | Full Name (Last, First, Middle Initial) MR VICTOR RENNA Mailing Address 8 CARLA ANN CT | | (a.i.e | Date of Receipt |
| | City FLANDERS | State NJ | Zip Code 07836 | Transaction ID: INCA29572 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | | on CUREMENT & INVENTORY e Year-to-Date ▼ 300.00 | |
| 3. | Full Name (Last, First, Middle Initial) MR JOSEPH REYNOLDS Mailing Address 412 RIVER MEWS LA | ANE | | Date of Receipt 1 2 0 9 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: INCA29621 |
| | EDGEWATER | NJ | 07020 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 70.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | | INESS REQUIREMENTS | |
| | Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1820.00 | |
| | Full Name (Last, First, Middle Initial) MS MARSHA REYNOLDS | ' | | Date of Receipt |
| | Mailing Address 907 ARISTA BLVD | | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29487 |
| | VALRICO FEC ID number of contributing federal political committee. | FL C | 33594 | Amount of Each Receipt this Period 5.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CUS | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 260.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) | - | | 125.00 |

| | JLE A (FEC Form 3X) D RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 87 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| or for comme | ercial purposes, other than using the | tatements ma name and ad | y not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| 1 1 | F COMMITTEE (In Full)) HEALTH SOLUTIONS INC. P | OLITICAL | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| A. MR DAVID | e (Last, First, Middle Initial) D ROBARGE ddress 4565 QUEENSLAND L | NI NI | | Date of Receipt |
| | duress 4000 QUEENSLAIND L | IN IN | | 12 09 2006 |
| City | 100110 | State | Zip Code | Transaction ID: INCA29330 |
| <u>MINNE</u> | | MN | 55446 | Amount of Each Receipt this Period |
| | umber of contributing olitical committee. | C | | 25.00 |
| | Employer HEALTH SOLUTIONS | Occupation SR DIR | n CLINICAL SVCS | |
| | or: nary General er (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| MS SORA | e (Last, First, Middle Initial) YA RODRIGUEZ-BALZAC | | | Date of Receipt |
| Mailing A | ddress 22 PAPOOSE TRAIL | | | 12 09 2006 |
| City | | State | Zip Code | Transaction ID: INCA29620 |
| ANDOV | ER | NJ | 07821 | Amount of Each Receipt this Period |
| | umber of contributing litical committee. | C | | 25.00 |
| | Employer HEALTH SOLUTIONS | _ | MARKETING | |
| | or: nary General er (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| | e (Last, First, Middle Initial) AEL ROMANZO | | | Date of Receipt |
| Mailing A | ddress 855 CLUB MOSS CT. | | | 12 09 2006 |
| City | | State | Zip Code | Transaction ID: INCA29382 |
| MARIET | | GA | 30068 | Amount of Each Receipt this Period |
| federal po | umber of contributing litical committee. | C | | 192.30 |
| | Employer HEALTH SOLUTIONS | Occupation PRESID | on ENT SYSTEMED | |
| | or: nary General er (specify) ▼ | Aggregate | e Year-to-Date ▼ 2153.80 | |
| SUBTOTAL | of Receipts This Page (optional) | | | 242.30 |
| | s Period (last page this line number of | | <u> </u> | |

| | E A (FEC Form 3X) RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 88 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| or for commercia | copied from such Reports and St al purposes, other than using the COMMITTEE (In Full) EALTH SOLUTIONS INC. P | name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. . Medco Health PAC) |
| MS DONNA F Mailing Address City KINNELON FEC ID numl federal politic Name of Emm MEDCO HE | ess 7 RED OAK LANE | | -CLINICAL TECH | Date of Receipt M M D D 2 0 0 6 Transaction ID: INCA29541 Amount of Each Receipt this Period 50.00 |
| | y General (specify) ▼ .ast, First, Middle Initial) | Aggregate | e Year-to-Date ▼ 1300.00 | |
| Mailing Address City FOUNTAIN FEC ID num federal politic | DPHERJOHN ROWLAND ess 16725 OLIVE CIRCLE N VALLEY ber of contributing cal committee. ployer ALTH SOLUTIONS | State CA C Occupation NATL AC | Zip Code 92708 n CCT EXEC | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29295 Amount of Each Receipt this Period 10.00 |
| | (specify) ▼ .ast, First, Middle Initial) | Aggregate | e Year-to-Date ▼ 260.00 | Date of Receipt |
| City OAKLAND FEC ID numl federal politic | ber of contributing cal committee. | State NJ | Zip Code 07436 | Transaction ID: INCA29537 Amount of Each Receipt this Period 193.00 |
| Receipt For: | | | n ANCE & CHIEF FIN OFFCR e Year-to-Date ▼ 2858.00 | |
| SUBTOTAL of | Receipts This Page (optional) | | | 253.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 89 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any personante name and address of any political committee to committee to committee to committee (a.k.a.). | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR STEVEN RUSSEK Mailing Address 21 SKY TOP RIDGE City OAKLAND FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | State Zip Code NJ 07436 C Occupation VP CLINICAL MGMT & SVCS Aggregate Year-to-Date 1300.00 | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29400 Amount of Each Receipt this Period 50.00 |
| Full Name (Last, First, Middle Initial) MS KAREN RUSSELL Mailing Address 148 CLUBHOUSE C City WEST COLUMBIA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code SC 29172 C Occupation SR DIR CLINICAL SVCS Aggregate Year-to-Date 590.00 | Date of Receipt M |
| Full Name (Last, First, Middle Initial) MR ANTHONY RUSSO Mailing Address 66 FINCH RD City RINGWOOD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07456 C Occupation VP PROF PRA Aggregate Year-to-Date 380.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) |) | 95.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 90 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|---------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | | | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) | POLITICAL P | CHON COMMITTEL (a.k.a | <u> </u> |
| MS MARY RYAN Mailing Address 456 RICHMOND AVE | NUE | | Date of Receipt 1 2 0 9 2 0 0 6 |
| City MAPLEWOOD | State NJ | Zip Code 07040 | Transaction ID: INCA29529 |
| FEC ID number of contributing federal political committee. | C | 07040 | Amount of Each Receipt this Period 78.34 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | | RMACY REGULATORY Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | Aggregate | 2036.84 | |
| Full Name (Last, First, Middle Initial) MISS CYNTHIA RYLANDS | | | Date of Receipt |
| Mailing Address 4836 MIDDLE RD | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City ALLISON PARK | State PA | Zip Code 15101 | Transaction ID: INCA29556 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BUS | INESS REQUIREMENTS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 550.00 | |
| Full Name (Last, First, Middle Initial) MR MICHAEL SARDONE | | | Date of Receipt |
| Mailing Address 7 AHERN WAY | | | 12 09 2006 |
| City WEST ORANGE | State NJ | Zip Code 07052 | Transaction ID: INCA29420 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR E | NENTERPRISE BUS INTELLI | G |
| Receipt For: Primary General Other (specify) ▼ | + - | Year-to-Date ▼ 650.00 | |
| SUBTOTAL of Receipts This Page (optional) | 1 | | 128.34 |

TOTAL This Period (last page this line number only)

| | EDULE A (FEC Form 3X) IIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 91 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--------------|--|----------------------|---|---|
| or for c | ormation copied from such Reports and Stommercial purposes, other than using the ME OF COMMITTEE (In Full) | atements mand add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | DCO HEALTH SOLUTIONS INC. P | OLITICAL | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| A. MR | Name (Last, First, Middle Initial) MATTHEW SARDY ing Address 230 FAIRFIELD AVE. | | | Date of Receipt |
| City | | State | Zip Code | 1 2 0 9 2 0 0 6 Transaction ID: INCA29334 |
| - | DGEWOOD | NJ | 07450 | Amount of Each Receipt this Period |
| FEC | CID number of contributing eral political committee. | C | | 25.00 |
| Nar ME | ne of Employer DCO HEALTH SOLUTIONS | Occupatio VP FINA | | |
| Rec | eipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 350.00 | |
| B. MR | Name (Last, First, Middle Initial) DAVID SCHLETT | | | Date of Receipt |
| ıvıaı | ing Address 339 GRAMERCY PL | | | 12 09 2006 |
| City | | State | Zip Code | Transaction ID: INCA29536 |
| <u>GL</u> | EN ROCK | NJ | 07452 | Amount of Each Receipt this Period |
| | CID number of contributing eral political committee. | С | | 50.00 |
| Nan ME | ne of Employer DCO HEALTH SOLUTIONS | Occupatio SVP FIN | ⁿ ANCIAL & ANALYTICAL SV | С |
| Rec | eipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary ☐ General Other (specify) ▼ | | 1300.00 | |
| | Name (Last, First, Middle Initial) NCIS SCHULTE | | | Date of Receipt |
| Mai | ing Address 5023 SW BERMUDA V | VAY | | 12 09 2006 |
| City | | State FL | Zip Code | Transaction ID: INCA29378 |
| FEC | LM CITY C ID number of contributing eral political committee. | C | 34990 | Amount of Each Receipt this Period 25.00 |
| Nar ME | ne of Employer DCO HEALTH SOLUTIONS | Occupatio EXEC O | n PS OFFICER | 1 |
| Rec | eipt For: | | e Year-to-Date ▼ | |
| | Primary ☐ General Other (specify) ▼ | 0 0 | 608.56 | |
| SUBT | OTAL of Receipts This Page (optional) | | | 100.00 |
| | L This Period (last page this line number of | | · | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 92 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
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| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persone name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR ALLEN SCHWARTZ Mailing Address 9111 N KARLOV City SKOKIE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code IL 60076 C Occupation SR DIR CLINICAL PROD CONSULT Aggregate Year-to-Date 725.00 | Date of Receipt M M O D D C 2006 Transaction ID: INCA29326 Amount of Each Receipt this Period 40.00 |
| Full Name (Last, First, Middle Initial) MR JEFFREY SCOTT Mailing Address 7330 EVEREST LAN City MAPLE GROVE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | E - NORTH State Zip Code MN 55311 C Occupation VP/GM Aggregate Year-to-Date 650.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR LEONARD SCOTT Mailing Address 13514 MOTTLESTOI City PICKERINGTON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code OH 43147 C Occupation REG DIR ACCT MGMT Aggregate Year-to-Date 650.00 | Date of Receipt M M M |
| SUBTOTAL of Receipts This Page (optional) | | 90.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 93 / 244 (check only one) X |
|---------|--|----------------------|---|---|
| 0 | ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad | dress of any political committee to | o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ۸. | Full Name (Last, First, Middle Initial) MS MONICA SCOZZARE | | | Date of Receipt |
| | Mailing Address 3021 E MILLCREEK R | OAD | | 12 09 2006 |
| | City SALT LAKE CITY | State UT | Zip Code 84109 | Transaction ID: INCA29279 |
| | FEC ID number of contributing federal political committee. | C | 04109 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio EXEC D | n IR CLINICAL SVCS | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 250.00 | |
| - 3. | Full Name (Last, First, Middle Initial) MR ROBERT SENDEWICZ Mailing Address 1200 CROSSING WAY | / | | Date of Receipt |
| | Mailing Address 1220 CROSSING WAY | (| | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29304 |
| | WAYNE FEC ID number of contributing federal political committee. | NJ C | 07470 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR | n TECHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| | Full Name (Last, First, Middle Initial) MR GEORGE SERPIKOV | | | Date of Receipt |
| | Mailing Address 66 PROSPECT AVE | | | 12 09 2006 |
| | City WESTWOOD | State NJ | Zip Code 07675 | Transaction ID: INCA29597 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP BUSI | n NESS DEV | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 800.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) | <u> </u> | | 125.00 |

| | HEDULE A (FEC Form 3X) MIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 94 / 244 (check only one) |
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| Any or fo | information copied from such Reports and S r commercial purposes, other than using the | Statements may e name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| \ \ | IAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | POLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| | ull Name (Last, First, Middle Initial) IR THOMAS SHANAHAN, III | | | Date of Receipt |
| M | failing Address 1767 FAIRMOUNT ST | REET | | 12 09 2006 |
| | Sity CARMEL | State IN | Zip Code 46032 | Transaction ID: INCA29449 Amount of Each Receipt this Period |
| F | EC ID number of contributing ederal political committee. | C | 70002 | 28.85 |
| N N | lame of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP ONC | n OLOGY TRC OPS | |
| F | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 1269.40 | |
| | ull Name (Last, First, Middle Initial) | | | Date of Receipt |
| N | Mailing Address 62 FRANKLIN TURNF | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| | Sity ALLENDALE | State NJ | Zip Code 07401 | Transaction ID: INCA29291 |
| F | EC ID number of contributing ederal political committee. | C | 07401 | Amount of Each Receipt this Period 40.00 |
| N | lame of Employer MEDCO HEALTH SOLUTIONS | Occupatio ASST CO | | |
| F | Receipt For: Primary General Other (specify) | - ' | e Year-to-Date ▼ 1040.00 | |
| | ull Name (Last, First, Middle Initial) | | | Date of Receipt |
| _ | Mailing Address 550 KNOLLWOOD RO | DAC | | M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 |
| | ity RIDGEWOOD | State NJ | Zip Code 07450 | Transaction ID: INCA29340 |
| F | EC ID number of contributing ederal political committee. | C | 07450 | Amount of Each Receipt this Period 50.00 |
| N | lame of Employer MEDCO HEALTH SOLUTIONS | Occupatio SVP AC | n CT MGMT | |
| F | Receipt For: Primary General Other (specify) ▼ | 1 ' | e Year-to-Date ▼ 1300.00 | |
| SUI | BTOTAL of Receipts This Page (optional) | | | 118.85 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 95 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | ly not be sold or used by any persoldress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR PETER SHERMAN | | | Date of Receipt |
| | Mailing Address 139 GATES AVENUE | | | 12 09 2006 |
| | City MONTCLAIR | State NJ | Zip Code 07042 | Transaction ID: INCA29273 |
| | FEC ID number of contributing federal political committee. | C | 07042 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST G | on ENERAL COUNSEL | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1300.00 | |
| В. | Full Name (Last, First, Middle Initial) MR ELWOOD SIDES III Mailing Address 150 CLAREMONT AV | /E | | Date of Receipt |
| | Mailing Address 150 CLAREMONT AV | <u></u> | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29350 |
| | LONG BEACH | CA | 90803 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP SALI | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| С. С. | Full Name (Last, First, Middle Initial) MS ANNE SIGILLITO | | | Date of Receipt |
| | Mailing Address 67 FAIRHAVEN DRIV | Έ | | 12 09 2006 |
| | City ALLENDALE | State NJ | Zip Code 07401 | Transaction ID: INCA29276 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | on GENERIC STRAT & CUST [| DV |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 260.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 85.00 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 96 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any person the name and address of any political committee to a committee to the name and address of any political committee to the name and address of any political committee (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS JODI SILBERMANN Mailing Address 16 TULIP LANE City RANDOLPH FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07869 C Occupation SR DIR FINANCE Aggregate Year-to-Date 270.00 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) JEFFREY SIMEK Mailing Address 3555 GRANDE TUS City NEW SMYRNA BEACH FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | SCANY WAY State Zip Code FL 32168 C Occupation VP CORP COMMUNICATIONS | Date of Receipt 12 09 2006 Transaction ID: INCA29430 Amount of Each Receipt this Period |
| Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MR LEE SIMON Mailing Address 2390 GREENVIEW | Aggregate Year-to-Date ▼ 5000.00 | Date of Receipt |
| City NORTHBROOK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code IL 60062 C Occupation VP/GM Aggregate Year-to-Date 1300.00 | Transaction ID: INCA29580 Amount of Each Receipt this Period 50.00 |
| SUBTOTAL of Receipts This Page (optional |) | 252.31 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 97 / 244 (check only one) X |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and add | dress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR JEFFREY SINKO Mailing Address 10 CHERRY TREE LA City KINNELON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupation ASST GE | Zip Code 07405 07405 TENERAL COUNSEL Year-to-Date ▼ | Date of Receipt M |
| Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO Mailing Address 564 DALE COURT EA City RIVER VALE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupation EXEC DI | Zip Code 07675 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR DAVID SITVER Mailing Address 24 YORKSHIRE AVE City SUFFERN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NY C Occupation EXEC DI | Zip Code 10901 n R TECHNOLOGY Year-to-Date ▼ | Date of Receipt M M M |
| SUBTOTAL of Receipts This Page (optional) . | | | 111.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 98 / 244 (check only one) X |
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| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any person the name and address of any political committee to C. POLITICAL ACTION COMMITTEE (a.k.a | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) ANN SMITH Mailing Address 437 GLENDALE R | | Date of Receipt 1 2 0 9 2 0 0 6 |
| City WYCKOFF FEC ID number of contributing federal political committee. | State Zip Code NJ 07481 | Transaction ID: INCA29419 Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation SR DIR PUBLIC AFFAIRS Aggregate Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MS COLLEEN SMITH Mailing Address 1241 CHENILLE C | IR | Date of Receipt 1 2 0 9 2 0 0 6 |
| City | State Zip Code | Transaction ID: INCA29403 |
| WESTON FEC ID number of contributing federal political committee. | FL 33327 | Amount of Each Receipt this Period 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | Occupation SR DIR CLINICAL SVCS Aggregate Year-to-Date ▼ | |
| Other (specify) Full Name (Last, First, Middle Initial) MR ROBERT SMITH | 260.00 | Date of Receipt |
| Mailing Address 40 JOSHUA DR | T | M M / D D / Y Y Y Y Y Y 1 2 0 9 2 0 0 6 |
| City | State Zip Code | Transaction ID: INCA29554 |
| RAMSEY FEC ID number of contributing federal political committee. | NJ 07446 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP OPS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.00 | |
| SUBTOTAL of Receipts This Page (options | al) | 85.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 99 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
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| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and add | dress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR Mailing Address 23 CEDAR GATE RO City DARIEN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | State CT C Occupation CHAIRM | Zip Code 06820 AN & CEO Year-to-Date | Date of Receipt 1 2 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MR ALAN SOKALER Mailing Address 30 MICHELLE WAY | 1 1 | 5000.00 | Date of Receipt 1 2 0 9 2 0 0 6 |
| City PINE BROOK FEC ID number of contributing federal political committee. | State NJ | Zip Code 07058 | Transaction ID: INCA29633 Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | Occupation VP FINAI Aggregate | | |
| Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE Mailing Address 6108 HUNTER LANE | | | Date of Receipt 1 2 0 9 2 0 0 6 |
| City COLLEYVILLE FEC ID number of contributing federal political committee. | State TX | Zip Code 76034 | Transaction ID: INCA29479 Amount of Each Receipt this Period 12.50 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | Occupation VP/GM Aggregate | Year-to-Date ▼ 625.00 | |
| SUBTOTAL of Receipts This Page (optional) . | | ······ | 254.81 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 100 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| or f | r information copied from such Reports and Si or commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and add | dress of any political committee to | solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) MR RALPH STAIANO Mailing Address 1 LAMBROS DRIVE City MONROE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 10950 on BUSINESS REQUIREMENTS e Year-to-Date 650.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| В. | Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN Mailing Address 7 FOREST LAKE DR City WEST HARRISON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | - ' | Zip Code 10604 INCIAL & ANALYTICAL SV E Year-to-Date 775.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| C. | Full Name (Last, First, Middle Initial) MS JILL STEARNS Mailing Address 13130 HALSELL DR City AUSTIN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 78732 on L ACCT EXEC e Year-to-Date € 550.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | JBTOTAL of Receipts This Page (optional) DTAL This Period (last page this line number of the content of th | | <u> </u> | 100.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 101 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----|--|--------------------------------|---|---|
| | Any information copied from such Reports and sor for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL . | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR CRAIG STEEL | | | Date of Receipt |
| | Mailing Address 122 DEMAREST AVE | NUE | | 12 09 2006 |
| | City EMERSON | State NJ | Zip Code 07630 | Transaction ID: INCA29371 |
| | FEC ID number of contributing federal political committee. | C | 07630 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NAT | on L ACCT EXEC | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| В. | Full Name (Last, First, Middle Initial) MS SUSAN STEELE | | | Date of Receipt |
| | Mailing Address 501 CONTINENTAL [| DR | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29657 |
| | SAGAMORE HILLS FEC ID number of contributing federal political committee. | OH OH | 44067 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL AC | on CCT EXEC | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 |] |
| С. | Full Name (Last, First, Middle Initial) MS AMY STEINKELLNER | | | Date of Receipt |
| | Mailing Address 728 GULF BOULEVA C/O PO BOX 834 | RD | | 12 09 2006 |
| | City INDIAN ROCKS BEACH | State FL | Zip Code 33785 | Transaction ID: INCA29409 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP NAT | on IONAL PRACTICE LEADER | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1300.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 100.00 |
| | TOTAL This Period (last page this line number | r only) | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 102 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | tatements may not be sold or used by any personance and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) DR GLEN STETTIN Mailing Address 8 MILL GLEN CT City UPPER SADDLE RIVER FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07458 C Occupation CHIEF MEDICAL OFFICER Aggregate Year-to-Date 3061.55 | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29601 Amount of Each Receipt this Period 192.31 |
| Full Name (Last, First, Middle Initial) MR SCOTT STRATTON Mailing Address 351 TIMBERLANE DR City ORANGE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code CT 06477 C Occupation VP PRODUCT DEVELOPMENT Aggregate Year-to-Date 1300.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS PATRICIA STRETE Mailing Address 7925 HICKORY AVE City RUSSELLS POINT FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code OH 43348 C Occupation SR DIR CLINICAL THERAPEUTICS Aggregate Year-to-Date 650.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | 267.31 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 103 / 244 (check only one) X 11a |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | e name and addi | ress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS COLEEN SULLIVAN Mailing Address 38 BARKMILL TERRA City MONTVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (caseify) | State NJ C Occupation SR DIR T | Zip Code 07045 ECHNOLOGY Year-to-Date ▼ | Date of Receipt M M M |
| Full Name (Last, First, Middle Initial) MS CYNTHIA SULLIVAN Mailing Address 21 DENISE DRIVE City KINNELON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | _ | Zip Code 07405 | Date of Receipt 1 2 |
| Full Name (Last, First, Middle Initial) MR MARK SULLIVAN Mailing Address 16025 PINE VALE PL City MIDLOTHIAN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | State VA C Occupation BUSINES | S PROCESS SPECIALIST Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) | | 650.00 | 150.00 |

| | HEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 104 / 244 (check only one) X |
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| or fo | rinformation copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad | dress of any political committee to | o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. F | OLITICAL I | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ١. ـ ١ | Full Name (Last, First, Middle Initial) MS IRENE SUTTON | IN ADEDIAL | | Date of Receipt |
| - | Mailing Address 20 AVENUE @ PORT APT 209 | IMPERIAL | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29342 |
| F | WEST NEW YORK FEC ID number of contributing ederal political committee. | C | 07093 | Amount of Each Receipt this Period 25.00 |
| _ | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio | | |
| _ | Receipt For: | | TECHNOLOGY e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | Aggregate | 650.00 | |
| | Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT | | | Date of Receipt |
| N | Mailing Address 8362 GOLDEN PRAIF | IIE DRIVE | | 12 09 YYYYY 12006 |
| (| City | State | Zip Code | Transaction ID: INCA29380 |
| - | TAMPA | <u>FL</u> | 33647 | Amount of Each Receipt this Period |
| | FEC ID number of contributing dederal political committee. | С | | 50.00 |
| <u>1</u> | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | n | |
| F | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 2035.00 |] |
| | Full Name (Last, First, Middle Initial) MR LARRY THOMAS | | | Date of Receipt |
| N | Mailing Address 3915 SILKWOOD TRA | AIL | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29517 |
| - | ARLINGTON | TX | 76016 | Amount of Each Receipt this Period |
| | FEC ID number of contributing rederal political committee. | С | | 4.41 |
| _ | Name of Employer MEDCO HEALTH SOLUTIONS | | NG PHARMACIST | |
| F | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 229.32 | |
| | BTOTAL of Receipts This Page (optional) | 1 | | 79.41 |

| SCHEDULE A (FEC FOI | m 3X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 105 / 244 (check only one) |
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| Any information copied from such Re or for commercial purposes, other that | ports and Statements may an using the name and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIO | NS INC. POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Init MS MELISSA THOMET | al) | | Date of Receipt |
| Mailing Address 721 HINMAN #1E | I AVE | | 12 09 YYYY 12006 |
| City | State | Zip Code | Transaction ID: INCA29293 |
| EVANSTON FEC ID number of contributing federal political committee. | C | 60202 | Amount of Each Receipt this Period 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR A | n ACCT MGMT OPS | 7 |
| Receipt For: Primary General Other (specify) | | Year-to-Date ▼ 260.00 | |
| Full Name (Last, First, Middle Init | al) | | Date of Receipt |
| Mailing Address 17326 ELLE | N DR | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: INCA29397 |
| LIVONIA FEC ID number of contributing federal political committee. | C | 48152 | Amount of Each Receipt this Period 75.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATL | n - ACCT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 1825.00 | |
| Full Name (Last, First, Middle Init | al) | | Date of Receipt |
| Mailing Address 10302 S FEI PO BOX 266 | DERAL HWY | | 12 09 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City PORT ST LUCIE | State FL | Zip Code 34952 | Transaction ID: INCA29443 |
| FEC ID number of contributing federal political committee. | C | 34932 | Amount of Each Receipt this Period 12.50 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM F | PATIENT SVCS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 425.00 | |
| SUBTOTAL of Receipts This Page | (optional) | | 97.50 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 106 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-------------------|--|--------------------|---|--|
| | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and ad | dress of any political committee to | solicit contributions from such committee. |
| . ∠ . . | Full Name (Last, First, Middle Initial) MR WILLIAM TOBIN | | 1011011 001111111112 (a.i.i. | Date of Receipt |
| | Mailing Address 838 COLONIAL RD | Ctata | 7:n Code | 12 09 2006 |
| | City FRANKLIN LAKES | State NJ | Zip Code 07417 | Transaction ID: INCA29296 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 0/41/ | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP BENI | n EFIT SYSTEMS SUPPORT | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1300.00 | |
| | Full Name (Last, First, Middle Initial) MR HECTOR TORRES Mailing Address 6023 HOMESTEAD CO | OURT | | Date of Receipt |
| | | | | 12 09 2006 |
| | City HILLIARD | State OH | Zip Code 43026 | Transaction ID: INCA29481 |
| | FEC ID number of contributing federal political committee. | C | 45020 | Amount of Each Receipt this Period 4.28 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SUPV IN | n IVENTORY CONTROL | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 222.56 | |
| | Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER | | | Date of Receipt |
| | Mailing Address 713 INDIAN CREEK R | D | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29457 |
| | AMHERST | VA | 24521 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 75.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | GOVERNMENT AFFAIRS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1950.00 | |
| | SUBTOTAL of Receipts This Page (optional) | |) | 129.28 |
| | TOTAL This Period (last page this line number of | only) | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 107 / 244 (check only one) X 11a |
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| NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persone name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR GARY TULLY Mailing Address 16 FIELDHEDGE DR City HILLSBOROUGH FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 08844 C Occupation DIR CLIENT SVC DELIVERY Aggregate Year-to-Date 650.00 | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29587 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MS CARA VAN ZILE Mailing Address 31 LINCOLN RD City KINNELON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07405 C Occupation EXEC DIR ANALYTICAL SVCS Aggregate Year-to-Date 600.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MRS MICHELLE VANCURA Mailing Address 35507 N VIA TRAMC City PHOENIX FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | ONTO State Zip Code AZ 85086 C Occupation SVP & GENERAL MGR Aggregate Year-to-Date 700.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | 100.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 108 / 244 (check only one) X 11a |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | e name and addi | ress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MRS JEANNINE VANKLEECK Mailing Address 56 ZIMMER AVENUE City MIDLAND PARK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 07432 NCIAL APPLICATIONS Year-to-Date ▼ | Date of Receipt M |
| Full Name (Last, First, Middle Initial) MR NICHOLAS VASILOPOULOS Mailing Address 105 ARRANDALE RD City ROCKVILLE CENTRE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NY C Occupation VP MKTIN Aggregate | | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29447 Amount of Each Receipt this Period 50.00 |
| Full Name (Last, First, Middle Initial) MR WIL VELARDE Mailing Address 443 WEST SADDLE F City UPPER SADDLE RIVER FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupation SR DIR P | | Date of Receipt M |
| SUBTOTAL of Receipts This Page (optional) | | | 115.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 109 / 244 (check only one) X |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | name and add | dress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR JEFFREY VERNICE Mailing Address 201 WATCHUNG AVE UNIT #17 City BLOOMFIELD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | State NJ C Occupation SR DIR C | Zip Code 07003 | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29338 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MR GORDON VICKERS Mailing Address 436 MOUNTAIN AVEN City WESTFIELD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupation NATL AC | Zip Code 07090 | Date of Receipt 1 2 0 9 2 0 0 6 Transaction ID: INCA29270 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MR MUNISH VIJ Mailing Address 11 BOULDER TRAIL City MAHWAH FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | | HNOLOGY Year-to-Date ▼ | Date of Receipt M M M |
| Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number) | | | 75.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 110 / 244 (check only one) X |
|---------|--|----------------------------------|---|---|
| A or | ny information copied from such Reports and S for commercial purposes, other than using the | Statements may e name and add | y not be sold or used by any perso dress of any political committee to | |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| | Full Name (Last, First, Middle Initial) MR MICHAEL WAIBEL | NAIZ I NI | | Date of Receipt |
| | Mailing Address N48 W16381 LONE C | State | Zip Code | 1 2 0 0 6 2 0 0 6 Transaction ID: INCA29410 |
| | MENOMONEE FALLS | WI | 53051 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 15.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR | n ACCT MGMT OPS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 390.00 | |
| _ | Full Name (Last, First, Middle Initial) MR DANIEL WALDEN | | | Date of Receipt |
| | Mailing Address 450 BEECHMONT DF | 1 | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29512 |
| | NEW ROCHELLE | NY | 10804 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SVP REC | n GULATORY & MC PROGRA | MS |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | _ |
| | Primary General Other (specify) ▼ | | 5000.00 | |
| | Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE | | | Date of Receipt |
| | Mailing Address 5445 GOODWIN AVE | NUE | | 12 09 2006 |
| | City | State | Zip Code | Transaction ID: INCA29629 |
| | DALLAS | TX | 75206 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP SALE | n ES SEGMENT LEADER | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 5000.00 | |
| Γ, | SUBTOTAL of Receipts This Page (optional) | | | 399.62 |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | Use separate for each cate Detailed Sum | gory of the | FOR LINE NUMBER: PAGE 111 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 | | |
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| Any information copied from such Report or for commercial purposes, other than unlike the NAME OF COMMITTEE (In Full) | s and Statements may not be sold or using the name and address of any polit | sed by any person ical committee to s | for the purpose of soliciting contributions olicit contributions from such committee. | | |
| 1 1 | INC. POLITICAL ACTION COM | MITTEE (a.k.a. | Medco Health PAC) | | |
| Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE Mailing Address 5 APPLE ORCH | MR CALVIN WASDYKE | | | | |
| Mailing Address 5 APPLE ORGE | IAND ND | | 12 09 2006 | | |
| City | State Zip Code | | Transaction ID: INCA29462 | | |
| MOORESTOWN | NJ 08057 | | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | | 12.50 | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | | | | |
| Receipt For: | Aggregate Year-to-Date | 7 | | | |
| Primary General Other (specify) ▼ | | 650.00 | | | |
| Full Name (Last, First, Middle Initial) MS CATHERINE WASSON | | | Date of Receipt | | |
| | Mailing Address 3912 CALLE ANDALUCIA | | | | |
| City | State Zip Code | | Transaction ID: INCA29298 | | |
| SAN CLEMENTE | CA 92673 | | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | | 50.00 | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP NATL ACCTS | | | | |
| Receipt For: Primary General | Aggregate Year-to-Date | | | | |
| Other (specify) ▼ | | 1300.00 | | | |
| Full Name (Last, First, Middle Initial) MS BEVERLY WATSON | • | | Date of Receipt | | |
| Mailing Address 2 MICHELANGI | Mailing Address 2 MICHELANGELO COURT | | | | |
| City | State Zip Code | | Transaction ID: INCA29506 | | |
| SOMERSET | NJ 08873 | | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | | 25.00 | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BENEFIT DELIVE | | | | |
| Receipt For: | Aggregate Year-to-Date | | | | |
| Primary General Other (specify) ▼ | | 475.00 | | | |
| SUBTOTAL of Receipts This Page (opi | ional) | | 87.50 | | |
| TOTAL This Period (last page this line | | | | | |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 112 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|--------------------------------|---|---|
| A | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | POLITICAL | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MS DONNA WEATHERS | Date of Receipt | | |
| | Mailing Address 1043 BELL STREET | | | 12 09 2006 |
| | City EDMONDS | State WA | Zip Code 98020 | Transaction ID: INCA29438 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL AC | on CCT EXEC | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 260.00 | |
| — В. | Full Name (Last, First, Middle Initial) MRS KELLY WEBBER Mailing Address 107 LIBBER CARRUE | DIVED DO | A.D. | Date of Receipt |
| | Mailing Address 107 UPPER SADDLE RIVER ROAD | | | 12 09 2006 |
| | City State MONTVALE NJ | | Zip Code 07645 | Transaction ID: INCA29441 |
| | FEC ID number of contributing federal political committee. | EC ID number of contributing | | Amount of Each Receipt this Period 75.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP COR | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1450.00 | |
| _ C. | Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH | | | Date of Receipt |
| | Mailing Address 309 WATERVIEW DF | l | | 12 09 2006 |
| | City FRANKLIN LAKES | State NJ | Zip Code 07417 | Transaction ID: INCA29359 |
| | FEC ID number of contributing federal political committee. | C | 07417 | Amount of Each Receipt this Period 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GROUP | n PRES EMPLOYER GROUP | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 5000.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 277.31 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 113 / 244 (check only one) X | |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements ma name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. | |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | POLITICAL | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) | |
| Α. | Full Name (Last, First, Middle Initial) MR KENNETH WERMES | | | Date of Receipt | |
| | Mailing Address 26037 N WRANGLER | RD | | 12 09 2006 | |
| | City | State | Zip Code | Transaction ID: INCA29435 | |
| | SCOTTSDALE | AZ | 85255 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 75.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP & G | on GENERAL MGR | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1950.00 | | |
| - В. | Full Name (Last, First, Middle Initial) MR PETER WHITE | | | Date of Receipt | |
| | Mailing Address 2241 E. PINCHOT AV #17F | E. | | 12 09 2006 | |
| | City Stat PHOENIX AZ | | Zip Code | Transaction ID: INCA29290 | |
| | FEC ID number of contributing federal political committee. | C | 85016 | Amount of Each Receipt this Period 25.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | on ACCT MGMT OPS | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 545.00 |] | |
| С. С. | Full Name (Last, First, Middle Initial) MS BEVERLY WINKLER | | | Date of Receipt | |
| | Mailing Address 17 LYNWOOD RD | | | 12 09 / Y Y Y Y Y Y Y | |
| | City VERONA | State | Zip Code | Transaction ID: INCA29535 | |
| | FEC ID number of contributing federal political committee. | C | 07044 | Amount of Each Receipt this Period 25.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | on ORG DEV | | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 650.00 | | |
| | SUBTOTAL of Receipts This Page (optional) | | | 125.00 | |
| | TOTAL This Period (last page this line number | | <u> </u> | | |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 114 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 | | | |
|---|---|---|--|--|--|
| Any information copied from such Reports or for commercial purposes, other than us | and Statements may not be sold or used by any persoing the name and address of any political committee to | | | | |
| MEDCO HEALTH SOLUTIONS | NC. POLITICAL ACTION COMMITTEE (a.k.a | . Medco Health PAC) | | | |
| Full Name (Last, First, Middle Initial) MS MARILYN WOLLETT Mailing Address 8174 MT AIR PL | | Date of Receipt 1 2 0 9 2 0 0 6 | | | |
| City COLUMBUS | State Zip Code OH 43235 | Transaction ID: INCA29470 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 25.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHARM PRACTICE | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.00 | | | | |
| Full Name (Last, First, Middle Initial) MS ANNA WONG | | Date of Receipt | | | |
| APT 8A | | | | | |
| City NEW YORK | State Zip Code NY 10007 | Transaction ID: INCA29625 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 50.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP INSURED SOLUTIONS | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.00 | | | | |
| Full Name (Last, First, Middle Initial) MS JUDITH WOOD | | Date of Receipt | | | |
| Mailing Address 76 COLONIAL F | OAD | 12 09 2006 | | | |
| City STILLWATER | State Zip Code NY 12170 | Transaction ID: INCA29575 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 25.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR ACCT MGMT OPS | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | | | | |
| SUBTOTAL of Receipts This Page (opti | onal) | 100.00 | | | |
| TOTAL This Period (last page this line n | umber only) | | | | |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | ^) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 115 / 244 (check only one) |
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| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | NC. POLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR SERGEY YANITSKIY | | | Date of Receipt |
| Mailing Address 793 LINCOLN AV | E | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: INCA29337 |
| POMPTON LAKES FEC ID number of contributing federal political committee. | NJ C | 07442 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR TEC | n HNOLOGY | |
| Receipt For: Primary General Other (specify) | | Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MS SARAH YINGLING | | | Date of Receipt |
| Mailing Address 901 ST MARKS A | Mailing Address 901 ST MARKS AVE | | |
| City WESTFIELD | State NJ | Zip Code 07090 | Transaction ID: INCA29424 |
| FEC ID number of contributing federal political committee. | C | 07030 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR M | n MEDICARE OPS | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MR DANIEL ZELEM, JR | | | Date of Receipt |
| Mailing Address 219 SPOOK ROC | K RD. | | M M / D D / Y Y Y Y Y 1 1 2 0 9 2 0 0 6 |
| City SUFFERN | State NY | Zip Code 10901 | Transaction ID: INCA29496 |
| FEC ID number of contributing federal political committee. | C | 10901 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP & C | n HIEF INFO OFFICER | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1300.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | | 100.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 116 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and ad | dress of any political committee to | o solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) MS JILL ZELMAN Mailing Address 43604 EMERALD DUN | | ` | Date of Receipt 1 2 0 9 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: INCA29550 |
| | LEESBURG FEC ID number of contributing federal political committee. | C | 20176 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Occupation VP FINA Aggregate | | |
| В. | Full Name (Last, First, Middle Initial) MR ANTHONY ZOLFO Mailing Address 217 FOREST RIDGE (| COURT | | Date of Receipt 1 2 0 9 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: INCA29632 |
| | FRANKLIN LAKES | NJ | 07417 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST Co | | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 650.00 | |
| - C. | Full Name (Last, First, Middle Initial) MS MARIA ANDERSON Mailing Address 616 TROPICAL BREEZ | ZE WAY | | Date of Receipt |
| | City | State | Zip Code | 1 2 1 6 2 0 0 6 Transaction ID: INCA29918 |
| | TAMPA | FL | 33602 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 5.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CUS | | 7 |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 260.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 55.00 |
| | TOTAL This Period (last page this line number of | only) | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 117 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
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| Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | catements may not be sold or used by any personame and address of any political committee to OLITICAL ACTION COMMITTEE (a.k.a. | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR DAVID BAUGH | OLITICAL ACTION CONNINTT LE (a.k.a. | Date of Receipt |
| Mailing Address 1813 ADONIS AVE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City HENDERSON | State Zip Code NV 89074 | Transaction ID: INCA30002 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 5.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation MGR BENEFIT DELIVERY SYSTEMS | 5 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 715.00 | |
| Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX | | Date of Receipt |
| Mailing Address 6527 SHORBURGH DI | RIVE | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City INDIANAPOLIS | State Zip Code IN 46278 | Transaction ID: INCA29672 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHARM PRACTICE | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 275.00 | |
| Full Name (Last, First, Middle Initial) MR KENNETH DANIELS | | Date of Receipt |
| Mailing Address 4156 DUNMORE DRIV | É | 12 16 2006 |
| City LAKE WALES | State Zip Code FL 33859 | Transaction ID: INCA29879 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.00 | |
| SUBTOTAL of Receipts This Page (optional) | > | 55.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | (,) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 118 / 244 (check only one) |
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| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may the name and add | not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | C. POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MS ROBBIN DICESARE | | | Date of Receipt |
| Mailing Address 1003T HIGH STRE | ET | | 12 16 2006 |
| City | State | Zip Code | Transaction ID: INCA29915 |
| BURLINGTON TOWNSHI FEC ID number of contributing federal political committee. | NJ C | 08016 | Amount of Each Receipt this Period 9.28 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR MGR | 1 TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 482.56 | |
| Full Name (Last, First, Middle Initial) WILLIS DINGLE | L | | Date of Receipt |
| Mailing Address 905 SW SCRUB OA | 12 16 2006 | | |
| City PALM CITY | State FL | Zip Code 34990 | Transaction ID: INCA29756 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 34000 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR H | | 7 |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 1300.00 | |
| Full Name (Last, First, Middle Initial) MS GEORGIA EDDLEMAN | | | Date of Receipt |
| Mailing Address 908 EDGEMEER LA | ANE | | 12 16 2006 |
| City SOUTHLAKE | State TX | Zip Code 76092 | Transaction ID: INCA29983 |
| FEC ID number of contributing federal political committee. | C | 70092 | Amount of Each Receipt this Period 34.45 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | 1 | 7 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1791.40 | |
| SUBTOTAL of Receipts This Page (optional | I | | 68.73 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 119 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-----------|--|------------------------------|---|---|
| | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. Po | name and ad | dress of any political committee to | solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) MR JOSEPH FRENDO Mailing Address 9 GREEN HILL TRAIL City TROPHY CLUB FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | | TIONAL SERVICE CENTER | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| _ | Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2600.00 | |
| В. | Full Name (Last, First, Middle Initial) MR ROBERT GIBBS Mailing Address 544 DENMOOR COUR City | T State | Zip Code | Date of Receipt 1 2 1 6 2 0 0 6 Transaction ID: INCA29705 |
| | FEC ID number of contributing federal political committee. | OH C | 43119 | Amount of Each Receipt this Period 12.50 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation DIR OPS Aggregate | |] |
| _ C. | Full Name (Last, First, Middle Initial) MR JOHN HOLLINGER Mailing Address 784 CAPE HENRY DR | | | Date of Receipt 1 2 1 6 2 0 0 6 |
| | City COLUMBUS | State OH | Zip Code 43228 | Transaction ID: INCA29869 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 4.17 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | - | SINESS PLANNING | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 216.84 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 66.67 |
| | TOTAL This Period (last page this line number of | nlv) | | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 120 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 | | |
|----------|--|------------------------------------|--|---|--|--|
| | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. | | |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) | | |
| A. | Full Name (Last, First, Middle Initial) MR RICHARD JONES Mailing Address 12224 MONTCALM S | MR RICHARD JONES | | | | |
| | Walling Address 12224 MONT CALIN S | INCEI | | 12 16 2006 | | |
| | CAPAGE | State | Zip Code | Transaction ID: INCA29939 | | |
| | CARMEL FEC ID number of contributing federal political committee. | C | 46032 | Amount of Each Receipt this Period 15.08 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | on | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 784.16 | | | |
| Б. | Full Name (Last, First, Middle Initial) MR WILLIAM KELLEY, III Mailing Address 1970 WOODLANDS F | Р | | Date of Receipt | | |
| | | | | 12 16 2006 | | |
| | City St. POWELL OI | | Zip Code | Transaction ID: INCA29859 | | |
| | FEC ID number of contributing federal political committee. | ОН | 43065 | Amount of Each Receipt this Period 25.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERA | on AL MGR GROUP | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1300.00 |] | | |
| с. С. | Full Name (Last, First, Middle Initial) MR ROSS LUCE | | | Date of Receipt | | |
| | | Mailing Address 1066 WEST GROVE CT | | | | |
| | City GIBSONIA | State PA | Zip Code 15044 | Transaction ID: INCA29751 Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 15.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | on | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 480.00 | | | |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 55.08 | | |
| f | TOTAL This Period (last page this line number | | | | | |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 121 / 244 (check only one) X |
|--|--------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | ne name and add | lress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR EDWARD MCNEILEY Mailing Address 2623 KENCHESTER City | LOOP State | Zip Code | Date of Receipt 1 2 1 6 2 0 0 6 Transaction ID: INCA29787 |
| WESLEY CHAPEL FEC ID number of contributing federal political committee. | C | 33543 | Amount of Each Receipt this Period 15.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | | RM PRACTICE Year-to-Date 600.00 |] |
| Full Name (Last, First, Middle Initial) MR GILBERT RAINES Mailing Address 800 SANDY TRAIL | MR GILBERT RAINES | | |
| City | State | Zip Code | Transaction ID: INCA30017 |
| KELLER FEC ID number of contributing federal political committee. | C | 76248 | Amount of Each Receipt this Period |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR HR | 1 | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 520.00 | |
| Full Name (Last, First, Middle Initial) MS MARSHA REYNOLDS | | | Date of Receipt |
| Mailing Address 907 ARISTA BLVD | | | 1 2 1 6 2 0 0 6 |
| City VALRICO | State FL | Zip Code 33594 | Transaction ID: INCA29881 |
| FEC ID number of contributing federal political committee. | C | 33354 | Amount of Each Receipt this Period 5.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CUS | | 7 |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 260.00 | |
| SUBTOTAL of Receipts This Page (optional) | 1 | | 30.00 |

| | E A (FEC Form 3X) RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 122 / 244 (check only one) X |
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| or for commerci | copied from such Reports and S al purposes, other than using the OMMITTEE (In Full) EALTH SOLUTIONS INC. F | on for the purpose of soliciting contributions o solicit contributions from such committee. a. Medco Health PAC) | | |
| FRANCIS SC | ast, First, Middle Initial) HULTE ess 5023 SW BERMUDA \ | Date of Receipt M | | |
| City | | State | Zip Code | Transaction ID: INCA29772 |
| | Y ber of contributing cal committee. | FL C | 34990 | Amount of Each Receipt this Period 25.00 |
| Receipt For: | , | | n PS OFFICER e Year-to-Date ▼ | 1 |
| Full Name (L MR THOMAS | specify) ▼ ast, First, Middle Initial) SHANAHAN, III SS 1767 FAIRMOUNT ST | REET | | Date of Receipt |
| City | | State | Zip Code | 1 2 1 6 2 0 0 6 Transaction ID: INCA29843 |
| | ber of contributing cal committee. | C | 46032 | Amount of Each Receipt this Period 28.85 |
| Name of Em MEDCO HE | ployer ALTH SOLUTIONS | Occupatio VP ONC | n OLOGY TRC OPS | |
| Receipt For: Primar Other (| y General (specify) ▼ | | e Year-to-Date ▼ 1269.40 | |
| Full Name (L MS JENNIFE Mailing Addr | | | | Date of Receipt |
| City | | State | Zip Code | 1 2 1 6 2 0 0 6 Transaction ID: INCA29873 |
| | ILLE ber of contributing cal committee. | C | 76034 | Amount of Each Receipt this Period 12.50 |
| Name of Em MEDCO HE | ployer ALTH SOLUTIONS | Occupatio VP/GM | n | |
| Receipt For: Primar Other (| y General (specify) ▼ | | e Year-to-Date ▼ 625.00 | |
| SUBTOTAL of | Receipts This Page (optional) | | | 66.35 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 123 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| 7 | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements mag name and add | y not be sold or used by any person dress of any political committee to | |
| 2 | MEDCO HEALTH SOLUTIONS INC. F Full Name (Last, First, Middle Initial) | POLITICAL | ACTION COMMITTEE (a.k.a | n. Medco Health PAC) |
| Α. | MR TIMOTHY SWETT Mailing Address 8362 GOLDEN PRAIR | RIE DRIVE | | Date of Receipt |
| | City TAMPA | State FL | Zip Code 33647 | Transaction ID: INCA29774 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 00047 | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP/GM | n | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2035.00 | |
| - В. | Full Name (Last, First, Middle Initial) MR LARRY THOMAS Mailing Address 3915 SILKWOOD TRAIL | | | Date of Receipt |
| | City | 1 2 1 6 2 0 0 6 Transaction ID: INCA29911 | | |
| | ARLINGTON | State TX | Zip Code 76016 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 4.41 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio MANAGI | n ING PHARMACIST | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 229.32 | |
| - C. | Full Name (Last, First, Middle Initial) TIM TIDD | | | Date of Receipt |
| | Mailing Address 10302 S FEDERAL HWY PO BOX 266 | | | 12 16 2006 |
| | City PORT ST LUCIE | State FL | Zip Code 34952 | Transaction ID: INCA29837 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 12.50 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP/GM F | n PATIENT SVCS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 425.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 66.91 |
| Ī | TOTAL This Period (last page this line number | only) | | |

| City HILLIARD OH 43026 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Full Name (Last, First, Middle Initial) MG CALVIN WASDYKE Mailing Address 5 APPLE ORCHARD RD City Name of Employer State Zip Code MOORESTOWN FEC ID number of contributing federal political committee. Name of Employer State Zip Code NJ 98057 FULL Name (Last, First, Middle Initial) Receipt For: Primary General C Cupation NJ 98057 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ FULL Name (Last, First, Middle Initial) Name of Employer Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Transaction ID: INCA29856 Amount of Each Receipt this Perion Date of Receipt Transaction ID: INCA29864 Amount of Each Receipt Transaction ID: INCA29864 Amount of Each Receipt Transaction ID: INCA29864 Amount of Each Receipt Transaction ID: INCA29864 Amount of Each Receipt Transaction ID: INCA29864 Amount of Each Receipt this Perion Transaction ID: INCA29864 Amount of Each Receipt Transaction ID: INCA29864 | EDULE A (FEC Form 3X) IIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 124 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) MR HECTOR TORRES Mailing Address 6023 HOMESTEAD COURT City State Zip Code OH 43026 HILLIARD OH 43026 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS SUPV INVENTORY CONTROL Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE Mailing Address 5 APPLE ORCHARD RD City State Zip Code MOORESTOWN NJ 08057 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Cocupation NP/CM Receipt For: Primary General Other (specify) ▼ Date of Receipt Date of Receipt Transaction ID: INCA29856 Amount of Each Receipt this Peric 12 Date of Receipt Transaction ID: INCA29856 Amount of Each Receipt this Peric 12 Date of Receipt Transaction ID: INCA29856 Amount of Each Receipt this Peric 12 Transaction ID: INCA29856 Amount of Each Receipt this Peric 12 Date of Receipt Transaction ID: INCA29856 Amount of Each Receipt this Peric 12 Date of Receipt Transaction ID: INCA29856 Amount of Each Receipt this Peric Primary General OH 43235 Amount of Each Receipt this Peric Primary General OH 43235 Amount of Each Receipt this Peric Primary General OH 43235 Amount of Each Receipt this Peric Primary General OH 43235 Amount of Each Receipt this Peric 12 Transaction ID: INCA29864 Amount of Each Receipt this Peric 25 Transaction ID: INCA29864 Amount of Each Receipt this Peric Primary General OH 43235 Amount of Each Receipt this Peric 12 Transaction ID: INCA29864 Amount of Each Receipt this Peric 13 Transaction ID: INCA29864 Amount of Each Receipt this Peric Primary General OH 43235 Amount of Each Receipt this Peric 12 Transaction ID: INCA29864 Amount of Each Receipt this Peric 13 Transaction ID: INCA29864 Amount of Each Receipt this Peric 12 Transaction ID: INCA29864 Amount of Each Receipt this Peric 13 Transaction ID: INCA29864 Amount of Each Receipt this Peric 14 Transaction ID: INCA29864 Amount of Each Receipt thi | ommercial purposes, other than using the na ME OF COMMITTEE (In Full) | solicit contributions from such committee. | |
| City | Name (Last, First, Middle Initial) HECTOR TORRES | Date of Receipt | |
| State Sign State Sign | LIARD | | |
| Primary General Other (specify) ▼ 222.56 Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE Mailing Address 5 APPLE ORCHARD RD City State Zip Code MOORESTOWN NJ 08057 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Feceipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) MS MARILYN WOLLETT Mailing Address 8174 MT AIR PL City State Zip Code Transaction ID: INCA29864 COLUMBUS OH 43235 FEC ID number of contributing federal political committee. C State Zip Code Transaction ID: INCA29864 Amount of Each Receipt this Period State Sign Code Transaction ID: INCA29864 Amount of Each Receipt this Period State Sign Code Transaction ID: INCA29864 Amount of Each Receipt this Period State Sign Code Transaction ID: INCA29864 Amount of Each Receipt this Period State Sign Code Transaction ID: INCA29864 Amount of Each Receipt this Period State Sign Code Transaction ID: INCA29864 Amount of Each Receipt this Period State Sign Code Transaction ID: INCA29864 Amount of Each Receipt this Period State Sign Code Transaction ID: INCA29864 Amount of Each Receipt this Period State Sign Code Transaction ID: INCA29864 Amount of Each Receipt this Period State Sign Code Transaction ID: INCA29864 Amount of Each Receipt this Period State Sign Code Transaction ID: INCA29864 Amount of Each Receipt this Period State Sign Code Transaction ID: INCA29864 Amount of Each Receipt this Period State Sign Code Transaction ID: INCA29864 Amount of Each Receipt this Period State Sign Code Transaction ID: INCA29864 Amount of Each Receipt this Period State Sign Code Transaction ID: INCA29864 Amount of Each Receipt this Period State Sign Code Transaction ID: INCA29864 Amount of Each Receipt Transaction ID: INCA29864 Amount of | eral political committee. ne of Employer DCO HEALTH SOLUTIONS | Occupation SUPV INVENTORY CONTROL | 4.28 |
| Date of Receipt Mailing Address 5 APPLE ORCHARD RD City State Zip Code MOORESTOWN NJ 08057 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Primary General Other (specify) ▼ | Primary General Other (specify) ▼ | | |
| MOORESTOWN NJ 08057 Amount of Each Receipt this Perix federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MS MARILYN WOLLETT Mailing Address 8174 MT AIR PL City State Zip Code OH 43235 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Occupation DIR PHARM PRACTICE Aggregate Year-to-Date ▼ 12. Amount of Each Receipt this Perix Middle Initial Perix Majore Amount of Each Receipt this Perix Majore Amount of Each Receipt this Perix Majore Amount of Each Receipt this Perix MEDCO HEALTH SOLUTIONS Receipt For: Primary General Aggregate Year-to-Date ▼ 1200.00 | CALVIN WASDYKE | M M / D D / Y Y Y Y | |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MS MARILYN WOLLETT Mailing Address 8174 MT AIR PL City State Zip Code OH 43235 FEC ID number of contributing federal political committee. PEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Occupation DIR PHARM PRACTICE Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ | | · | |
| Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MS MARILYN WOLLETT Mailing Address 8174 MT AIR PL City State Zip Code COLUMBUS OH 43235 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Aggregate Year-to-Date ▼ Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | CID number of contributing | | Amount of Each Receipt this Period 12.50 |
| Receipt For: Primary General G50.00 | ne of Employer DCO HEALTH SOLUTIONS | • | |
| Ms Marilyn Wollett Mailing Address 8174 MT AIR PL City State Zip Code COLUMBUS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Primary General | Aggregate Year-to-Date ▼ | |
| City State Zip Code COLUMBUS OH 43235 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General State Zip Code OH 43235 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ 1200.00 | MARILYN WOLLETT | | M M / D D / Y Y Y Y |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General C Occupation DIR PHARM PRACTICE Aggregate Year-to-Date ▼ | | • | Transaction ID: INCA29864 |
| MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE Receipt For: Primary General 1200.00 | CID number of contributing | | Amount of Each Receipt this Period 25.00 |
| Receipt For: Primary General Aggregate Year-to-Date 1200.00 | ne of Employer DCO HEALTH SOLUTIONS | · | |
| | Primary General | Aggregate Year-to-Date ▼ | |
| SUBTOTAL of Receipts This Page (optional) | OTAL of Receipts This Page (optional) | | 41.78 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 125 / 244 (check only one) X |
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| , C | ny information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | on for the purpose of soliciting contributions o solicit contributions from such committee. | | |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ۸. | Full Name (Last, First, Middle Initial) MS LESLIE ACHTER Mailing Address 821 ALBEMARLE STI | Date of Receipt | | |
| | Walling Address 821 ALBENIANLE STI | NEE I | | 12 23 2006 |
| | City | State | Zip Code | Transaction ID: INCA29750 |
| | WYCKOFF | NJ | 07481 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP ANAI | n _YTICAL SVCS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 387.50 | |
| | Full Name (Last, First, Middle Initial) MR EDWARD ADAMCIK | | | Date of Receipt |
| | Mailing Address 1021 SUNSET RIDGE | | | 12 / 23 / 2006 |
| | City | State | Zip Code | Transaction ID: INCA29689 |
| | BRIDGEWATER | NJ | 08807 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | RM CONTRACT & CONSUL | TING |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) ▼ | | 1300.00 | |
| _ | Full Name (Last, First, Middle Initial) MR STEPHEN ADLER | | | Date of Receipt |
| | Mailing Address 139 BELLVALE LAKE | S RD | | 12 23 2006 |
| | City | State | Zip Code | Transaction ID: INCA29749 |
| | WARWICK | NY | 10990 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | TECHNOLOGY | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1300.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) . | | | 125.00 |

| ITEMIZE | JLE A (FEC Form 3X) D RECEIPTS ion copied from such Benorts and Sta | tements may | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 126 / 244 (check only one) X |
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| or for comme | F COMMITTEE (In Full) HEALTH SOLUTIONS INC. PO | ame and add | dress of any political committee to | solicit contributions from such committee. |
| MR JEFF | e (Last, First, Middle Initial) REY ALEXANDER ddress 4 DEERPOND CT | | | Date of Receipt 1 2 2 3 2 0 0 6 |
| City | | State | Zip Code | 1 2 2 3 2 0 0 6 Transaction ID: INCA29768 |
| <u>FLEMIN</u> | IGTON | NJ | 08822 | Amount of Each Receipt this Period |
| | umber of contributing olitical committee. | C | | 15.00 |
| | Employer HEALTH SOLUTIONS | | rechnology | |
| | or: mary General er (specify) ♥ | Aggregate | Year-to-Date ▼ 270.00 | |
| Full Name | e (Last, First, Middle Initial) ALLEN | | | Date of Receipt |
| Mailing A | ddress 3031 MOUNT HILL DR | | | 12 23 YYYYY 12 23 2006 |
| City MIDLO | ΓΗΙΑΝ | State VA | Zip Code 23113 | Transaction ID: INCA29748 Amount of Each Receipt this Period |
| FEC ID n | umber of contributing olitical committee. | C | | 50.00 |
| Name of MEDCO | Employer HEALTH SOLUTIONS | Occupation CHIEF C | n LINICAL OFFICER | |
| | for: mary General er (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | |
| Full Name | e (Last, First, Middle Initial) ALLISON | | | Date of Receipt |
| Mailing A | ddress 4405 WISMER ROAD | | | 12 23 YYYYY 12 23 2006 |
| City | | State | Zip Code | Transaction ID: INCA30039 |
| - | STOWN | PA | 18901 | Amount of Each Receipt this Period |
| | umber of contributing olitical committee. | C | | 50.00 |
| | Employer HEALTH SOLUTIONS | Occupation VP SECU | n JRITY & ASSET PROTECTION | ON |
| | for: mary General er (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | |
| SUBTOTAL | of Receipts This Page (optional) | | | 115.00 |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 127 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
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| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any pene name and address of any political committee | erson for the purpose of soliciting contributions to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR JAMES ALLOCCO Mailing Address 19 ROSS ROAD City SCARSDALE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10583 C Occupation VP INFO TECHNOLOGY Aggregate Year-to-Date 800.00 | Date of Receipt M M |
| Full Name (Last, First, Middle Initial) TEJWANSH ANAND Mailing Address 10 WHIPPOORWILL City CHAPPAQUA FEC ID number of contributing federal political committee. | State Zip Code NY 10514 | Date of Receipt 1 2 2 3 2 0 0 6 Transaction ID: INCA30013 Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation VP INFO TECHNOLOGY Aggregate Year-to-Date 1300.00 | |
| Full Name (Last, First, Middle Initial) MS MARIA ANDERSON Mailing Address 616 TROPICAL BRE | EZE WAY | Date of Receipt 1 2 2 3 2 0 0 6 |
| City TAMPA FEC ID number of contributing federal political committee. | State Zip Code FL 33602 | Transaction ID: INCA29919 Amount of Each Receipt this Period 5.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: □ Primary □ General Other (specify) ▼ | Occupation DIR CUST SVC Aggregate Year-to-Date 260.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 105.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 128 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
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| A 0 | ny information copied from such Reports and r for commercial purposes, other than using the | Statements may not be sold or used by any pe e name and address of any political committee | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL ACTION COMMITTEE (a. | k.a. Medco Health PAC) |
| | Full Name (Last, First, Middle Initial) DR ROGER ANDERSON | | Date of Receipt |
| | Mailing Address 833 OXFORD COUR | | 12 23 2006 |
| | City LEWISVILLE | State Zip Code TX 75056 | Transaction ID: INCA30033 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 192.30 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP & CHIEF PHARMACIST | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 3719.10 | |
| | Full Name (Last, First, Middle Initial) MS JAYME ANTONOPLOS Mailing Address AR MULTE BOAD | Date of Receipt | |
| | Mailing Address 48 WITTE ROAD | | 12 23 2006 |
| | City | State Zip Code | Transaction ID: INCA29878 |
| | HEWITT FEC ID number of contributing federal political committee. | NJ 07421 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR EXEC CORR | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | |
| _ | Full Name (Last, First, Middle Initial) MR DAVID ARCISZEWSKI | | Date of Receipt |
| | Mailing Address 190 WINDSOR PLAC | E | 12 23 2006 |
| | City | State Zip Code | Transaction ID: INCA29822 |
| | MADISON FEC ID number of contributing federal political committee. | NJ 07940 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST COUNSEL | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) | 1 | 242.30 |

| Any information copied from such Reports ar or for commercial purposes, other than using | | 13 14 15 16 17 | | | |
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| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | ny information copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. I | | | | |
| Full Name (Last, First, Middle Initial) ERIK BAGIN Mailing Address 73 HIGHLAND AVE | ENUE State Zip Code | Date of Receipt 1 2 2 3 2 0 0 6 Transaction ID: INCA30042 | | | |
| GLEN RIDGE FEC ID number of contributing federal political committee. | NJ 07028 | Amount of Each Receipt this Period 50.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation VP/GM Aggregate Year-to-Date 250.00 | | | | |
| Full Name (Last, First, Middle Initial) MS BECKIE BARATKO Mailing Address 80 N. WOODLAND | | | | | |
| City ENGLEWOOD | State Zip Code NJ 07631 | Transaction ID: INCA29953 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. Name of Employer | Occupation | 35.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | VP PROPOSAL UNIT Aggregate Year-to-Date ▼ 710.00 |] | | | |
| Full Name (Last, First, Middle Initial) MR THOMAS BARATTA | | Date of Receipt | | | |
| Mailing Address 69 SKYLINE DR City | State Zip Code | 1 2 2 3 2 0 0 6 Transaction ID: INCA29889 | | | |
| UPPER SADDLE RIVER FEC ID number of contributing federal political committee. | NJ 07458 | Amount of Each Receipt this Period 50.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP INFO TECHNOLOGY | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1020.00 | | | | |
| SUBTOTAL of Receipts This Page (optional | J) | 135.00 | | | |

| SCHEDULE A (FEO | • | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 130 / 244 (check only one) X | |
|---|---------------------------------------|---|---|--|
| NAME OF COMMITTEE | (In Full) | | on for the purpose of soliciting contributions o solicit contributions from such committee. | |
| Full Name (Last, First, Mic | LUTIONS INC. POLITICAL addle Initial) | <u>'</u> | | |
| MRS BRENDA BASSETT Mailing Address 1752 E | BLACKSTONE DRIVE | | Date of Receipt 1 2 2 3 2 0 0 6 | |
| City CARROLLTON | State TX | Zip Code 75007 | Transaction ID: INCA29952 Amount of Each Receipt this Period | |
| FEC ID number of contributed federal political committee. | uting | | 50.00 | |
| Name of Employer MEDCO HEALTH SOLU | TIONS Occupation VP NATIONS | n L ACCTS | | |
| Receipt For: Primary Ge Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1300.00 | | |
| Full Name (Last, First, Mic MR DAVID BAUGH | , | | Date of Receipt | |
| | ADONIS AVE | | 12 23 2006 | |
| City HENDERSON | State NV | Zip Code 89074 | Transaction ID: INCA30003 Amount of Each Receipt this Period | |
| FEC ID number of contributed federal political committee. | uting | 03074 | 5.00 | |
| Name of Employer MEDCO HEALTH SOLU | TIONS Occupation MGR BE | n :NEFIT DELIVERY SYSTEM | IS | |
| Receipt For: Primary Ge Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 715.00 | | |
| Full Name (Last, First, Mic MR PETER BEGANS | ddle Initial) | | Date of Receipt | |
| Mailing Address 1605 (| CHARNITA CT | | 12 23 2006 | |
| City VIENNA | State VA | Zip Code 22182 | Transaction ID: INCA29850 Amount of Each Receipt this Period | |
| FEC ID number of contributed federal political committee. | uting | 22102 | 100.00 | |
| Name of Employer MEDCO HEALTH SOLU | TIONS Occupation VP GOV | n ERNMENT AFFAIRS | | |
| Receipt For: Primary Ge Other (specify) | Aggregate | e Year-to-Date ▼ 2600.00 | | |
| SUBTOTAL of Receipts Thi | s Page (optional) | | 155.00 | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 131 / 244 (check only one) X 11a |
|----------|---|--|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | o solicit contributions from such committee. | | |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL . | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR STEPHEN BELL | Date of Receipt | | |
| | Mailing Address 24 GLENWOOD ROA | 12 23 2006 | | |
| | City | State | Zip Code | Transaction ID: INCA30016 |
| | UPPER SADDLE RIVER | NJ | 07458 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FINA | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1300.00 | |
| - В. | Full Name (Last, First, Middle Initial) MS ELIZABETH BERGMAN | Date of Receipt | | |
| | Mailing Address 36 LONGACRE DR | | | 12 23 2006 |
| | City | State | Zip Code | Transaction ID: INCA29954 |
| | LIVINGSTON | NJ | 07039 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | CCT EXEC | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | - |
| | Other (specify) | 0 0 | 260.00 | |
| с. С. | Full Name (Last, First, Middle Initial) MS EILEEN BIDELL | • | | Date of Receipt |
| | Mailing Address 71 WASHINGTON CT | Γ. | | 12 23 2006 |
| | City | State | Zip Code | Transaction ID: INCA29884 |
| | TOWACO | NJ | 07082 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | on PHARM OPS | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 475.00 | 1 |
| Γ | | - 0 0 | 0 0 0 0 0 0 0 | |
| | SUBTOTAL of Receipts This Page (optional) . | |) | 85.00 |
| | TOTAL This Period (last page this line number | r only) | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 132 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----|---|---|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | on for the purpose of soliciting contributions solicit contributions from such committee. | | |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | POLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR FLOYD BILLINGS | | | Date of Receipt |
| | Mailing Address 4273 BROGDAN FAR | 12 23 7 2006 | | |
| | City BUFORD | State GA | Zip Code 30518 | Transaction ID: INCA29898 |
| | FEC ID number of contributing federal political committee. | C | 30310 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNI | on CAL SPECIALIST | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| В. | Full Name (Last, First, Middle Initial) BRYAN BIRCH | | | Date of Receipt |
| | Mailing Address 4 WINDRUSH LANE | 12 23 2006 | | |
| | City | State | Zip Code | Transaction ID: INCA30011 |
| | WESTPORT FEC ID number of contributing federal political committee. | C | 06880 | Amount of Each Receipt this Period |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GROUP | on PRES, EMPLOYER GROUF | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 4992.00 | |
| C. | Full Name (Last, First, Middle Initial) MS SUZANNE BLACKBURN | | | Date of Receipt |
| | Mailing Address 4520 LINWOOD LANI | Mailing Address 4520 LINWOOD LANE | | |
| | City DEEPHAVEN | State MN | Zip Code 55331 | Transaction ID: INCA30001 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP CLI | on ENT & MKT STRATEGIC DI | = EV |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 310.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 267.00 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 133 / 244 (check only one) X |
|-----------|--|---------------------------------|---|---|
| | Any information copied from such Reports and or for commercial purposes, other than using the | Statements ma ne name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) MR JONATHAN BLAUMAN | Date of Receipt | | |
| | Mailing Address 50 NEW ENGLAND I | 12 23 7 2006 | | |
| | City RAMSEY | State NJ | Zip Code 07446 | Transaction ID: INCA29841 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP MKT | ING & PRODUCT DEV | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 800.00 | |
| В. | Full Name (Last, First, Middle Initial) MR MICHAEL BOGDA Mailing Address 80 LEONA CT | | | Date of Receipt |
| | City State LEVITTOWN NY FEC ID number of contributing federal political committee. | | 7'- 0-1- | 12 23 2006 |
| | | | Zip Code 11756 | Transaction ID: INCA30005 Amount of Each Receipt this Period |
| | | | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | on TECHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| c. | Full Name (Last, First, Middle Initial) MRS HEATHER BONOME | Date of Receipt | | |
| | Mailing Address 203 12TH STREET N | 1 2 2 3 2 0 0 6 | | |
| | City WASHINGTON | State DC | Zip Code 20002 | Transaction ID: INCA29810 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 20002 | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLII | on NICAL SVCS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 425.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 100.00 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 134 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any pers the name and address of any political committee to C. POLITICAL ACTION COMMITTEE (a.k. | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR DUANE BOSCH Mailing Address 3935 BALSAM LA City PLYMOUTH FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | State Zip Code MN 55441 C Occupation DIR CLINICAL SVCS Aggregate Year-to-Date | Date of Receipt M M M |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MR JOSEPH BOTTA Mailing Address 109 ARBOR PL | 260.00 | Date of Receipt 1 2 2 3 2 0 0 6 |
| City BRYN MAWR FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | State Zip Code PA 19010 C Occupation VP SALES | Transaction ID: INCA29727 Amount of Each Receipt this Period 25.00 |
| Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX | Aggregate Year-to-Date ▼ 650.00 | Date of Receipt |
| Mailing Address 6527 SHORBURGH City INDIANAPOLIS FEC ID number of contributing federal political committee. | State Zip Code IN 46278 | Transaction ID: INCA29673 Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | Occupation DIR PHARM PRACTICE Aggregate Year-to-Date ▼ 275.00 | |
| SUBTOTAL of Receipts This Page (optional | l) | 60.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 135 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|---------------------|---|--|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad | dress of any political committee to | solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. I | . Medco Health PAC) | | |
| Α. | Full Name (Last, First, Middle Initial) MS HEIDI BOWMAN | | | Date of Receipt |
| | Mailing Address 15 DAWN LANE | 12 23 2006 | | |
| | City | State | Zip Code | Transaction ID: INCA29998 |
| | RINGWOOD | NJ | 07456 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC D | on IR STRAT PRODUCT MGMT | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 780.00 | |
| - В. | Full Name (Last, First, Middle Initial) MR CHRISTOPHER BRADBURY | | | Date of Receipt |
| | Mailing Address 3 DEER HORN TRAIL | 12 23 2006 | | |
| | City State | | Zip Code | Transaction ID: INCA29730 |
| | UPPER SADDLE RIVER | NJ | 07458 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | BETES SOLUTIONS | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) ▼ | 0 0 | 260.00 | |
| С. | Full Name (Last, First, Middle Initial) MS PATRICIA BRANUM | | | Date of Receipt |
| | Mailing Address 210 FROG HOLLOW | 12 23 2006 | | |
| | City | State | Zip Code | Transaction ID: INCA29948 |
| | COATESVILLE | PA | 19320 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 75.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | & PROCESS ENGINEERIN | G |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) ▼ | | 1775.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | ····· | 115.00 |
| Ī | TOTAL This Period (last page this line number | only) | > | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 136 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|---|---|--|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | atements may | y not be sold or used by any perso dress of any political committee to | |
| MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR DAVID BREEN | | | Date of Receipt |
| Mailing Address 27 SEALS DR | | | 12 23 7 2006 |
| City | State | Zip Code | Transaction ID: INCA29929 |
| MONROE | NY | 10950 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR ANA | n LLYTICAL SVCS | |
| Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| Other (specify) ▼ | 0 0 | 650.00 | |
| Full Name (Last, First, Middle Initial) MR PAUL BRISSON | | | Date of Receipt |
| Mailing Address 469 MANOR LANE | 12 23 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City | State | Zip Code | Transaction ID: INCA29789 |
| PELHAM MANOR | NY | 10803 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 15.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR PRO | n DDUCT DEVELOPMENT | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 390.00 | |
| Full Name (Last, First, Middle Initial) MR KENNETH BROWN | Date of Receipt | | |
| Mailing Address 540 GIORDANO DRIVI | 12 23 YYYYY 12 23 2006 | | |
| City | State | Zip Code | Transaction ID: INCA29724 |
| YORKTOWN HEIGHTS | NY | 10598 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP ENTE | n ERPRISE BUS INTELLIGEN | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1300.00 | |
| SUBTOTAL of Receipts This Page (optional) | | ····· | 90.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 137 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 11 | | | |
|--|---|--|--|--|--|
| Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | | rson for the purpose of soliciting contributions to solicit contributions from such committee. | | | |
| Full Name (Last, First, Middle Initial) MS VIVIAN BULGER | OLITIONE NOTION COMMITTEE (a.i. | Date of Receipt | | | |
| Mailing Address 120 EAST MAIN ST | | | | | |
| City WASHINGTONVILLE | State Zip Code NY 10992 | Transaction ID: INCA29927 | | | |
| FEC ID number of contributing federal political committee. | C 10992 | Amount of Each Receipt this Period 20.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR FINANCE | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 520.00 | | | | |
| Full Name (Last, First, Middle Initial) MS MARY BURKE | | Date of Receipt | | | |
| Mailing Address 638 LENOX AVE | 1 2 2 3 2 0 0 6 | | | | |
| City WESTFIELD | State Zip Code NJ 07090 | Transaction ID: INCA29783 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 10.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC DIR MEDICARE CLIENT PF | ODU. | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | | | | |
| Full Name (Last, First, Middle Initial) GEORGE BURNITE | | Date of Receipt | | | |
| | | | | | |
| City CHURCHVILLE | State Zip Code PA 18966 | Transaction ID: INCA30022 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 20.00 | | | |
| Name of Employer ACCREDO HEALTH GROUP | Occupation DIR SALES PLANNING | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 420.00 | | | | |
| SUBTOTAL of Receipts This Page (optional) | | 50.00 | | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 138 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|---|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persor ne name and address of any political committee to see POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR KEVIN BURON Mailing Address 25 TIMBERLAND City ALISO VIEJO FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code CA 92656 C Occupation VP/GM SYSTEMED SALES Aggregate Year-to-Date 650.00 | Date of Receipt 1 2 |
| Full Name (Last, First, Middle Initial) MRS PEGEEN BUTTERFIELD Mailing Address 23 NUTTING PLACE City WEST CALDWELL FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07006 C Occupation SR DIR BUSINESS DEVELOPMENT Aggregate Year-to-Date 650.00 | Date of Receipt M M J Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z |
| Full Name (Last, First, Middle Initial) MRS DOREEN CALDER Mailing Address 441 S ELM STREET City MAYWOOD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07607 C Occupation DIR PRODUCT DEVELOPMENT Aggregate Year-to-Date 1040.00 | Date of Receipt M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | <u> </u> | 90.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 139 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 | | |
|----|---|--------------------|---|---|--|--|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad | dress of any political committee to | solicit contributions from such committee. | | |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) | | |
| A. | Full Name (Last, First, Middle Initial) MR GERALD CARDONE Mailing Address 2 CLEEVES COURT | | | Date of Receipt | | |
| | | 12 23 2006 | | | | |
| | City NEW WINDSOR | State NY | Zip Code 12553 | Transaction ID: INCA29971 | | |
| | FEC ID number of contributing federal political committee. | C | 12550 | Amount of Each Receipt this Period 10.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR FAC | on CILITY PLANNING & DESIGI | V | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 260.00 | | | |
| В. | Full Name (Last, First, Middle Initial) MR RAYMOND CARLUCCI Mailing Address 24 SHERI DRIVE | 1 | | Date of Receipt | | |
| | | State | 7' 0 1 | 12 23 2006 | | |
| | City S ALLENDALE | | Zip Code 07401 | Transaction ID: INCA29921 Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 52.50 | | |
| | Name of Employer ACCREDO HEALTH GROUP | - ' | VP MARKET STRATEGY & | DEV | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1365.00 | | | |
| C. | Full Name (Last, First, Middle Initial) MS CATHERINE CASALE | | | Date of Receipt | | |
| | Mailing Address 16345 HEATHROW D | | | | | |
| | City | State FL | Zip Code | Transaction ID: INCA29967 | | |
| | TAMPA FEC ID number of contributing federal political committee. | C | 33647 | Amount of Each Receipt this Period 13.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL AC | on CCT EXEC | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 338.00 | | | |
| | SUBTOTAL of Receipts This Page (optional) | | | 75.50 | | |
| | TOTAL This Period (last page this line number | only) | | | | |

| | EDULE A (FEC Form 3X) ZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 140 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
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| or for co | rmation copied from such Reports and mmercial purposes, other than using the EOF COMMITTEE (In Full) DCO HEALTH SOLUTIONS INC. | e name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full N . MS M | Name (Last, First, Middle Initial) IARY CASALE Ing Address 822 CEDAR AVE | | | Date of Receipt |
| City <u>HA</u> L | DENFIELD | State NJ | Zip Code 08033 | Transaction ID: INCA29831 Amount of Each Receipt this Period |
| feder | ID number of contributing al political committee. | C | | 25.00 |
| | e of Employer CO HEALTH SOLUTIONS ipt For: Primary General Other (specify) | _ ' | n ES STRATEGY & MARKETIN Year-to-Date ▼ 650.00 | NG |
| MR F | Name (Last, First, Middle Initial) RANK COLIANO ng Address 5176 BALDWIN TERI | Date of Receipt 1 2 2 3 2 0 0 6 | | |
| City | | State | Zip Code | Transaction ID: INCA29761 |
| | MARIETTA GA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL A | | 30068 | Amount of Each Receipt this Period |
| feder | | | | 15.00 |
| MED MED | | | n CCT EXEC | |
| Rece | ipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 390.00 | |
| MR J | Name (Last, First, Middle Initial) OSEPH CONOSHENTI, JR ng Address 5 MAGNOLIA DRIVE | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City | City State | | Zip Code | Transaction ID: INCA29698 |
| FEC | RLBORO ID number of contributing al political committee. | C | 07746 | Amount of Each Receipt this Period 25.00 |
| | e of Employer CO HEALTH SOLUTIONS | Occupatio SR DIR I | | |
| Rece | ipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| | | • | | 65.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 141 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|-------------------|---|---|
| 7 | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad | dress of any political committee to | solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) WILLIAM CONSIDINE | | | Date of Receipt |
| | Mailing Address 130 WEST 67TH STRE | 12 23 2006 | | |
| | City NEW YORK | State NY | Zip Code 10023 | Transaction ID: INCA30024 |
| | FEC ID number of contributing federal political committee. | C | 10025 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio | n TECHNOLOGY | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 650.00 | |
| - 3. | Full Name (Last, First, Middle Initial) MR ROBERT COOK Mailing Address 270 S FRANKLIN TUR | Date of Receipt | | |
| | | 12 23 2006 | | |
| | City State RAMSEY NJ | | Zip Code 07446 | Transaction ID: INCA29717 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 07440 | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | n HLTH CARE OPS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| | Full Name (Last, First, Middle Initial) MR STEPHEN COURTMAN | Date of Receipt | | |
| | Mailing Address 25 FAIRWAY TRAIL | | | 12 23 7 2006 |
| | City SPARTA | State NJ | Zip Code 07871 | Transaction ID: INCA29809 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP PHARMACY NETWORK MG | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1025.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 100.00 |
| - | SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of | | <u>)</u> | |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 142 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
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| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any per the name and address of any political committee | to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR ANGELO CUOZZO Mailing Address 19 IDA COURT City STATEN ISLAND FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10312 C Occupation DIR TECHNOLOGY Aggregate Year-to-Date 335.00 | Date of Receipt M M Z Z 3 |
| Full Name (Last, First, Middle Initial) MS ROSELIN DANIEL Mailing Address 17 DEVONSHIRE D City RANDOLPH FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07869 C Occupation EXEC DIR TECHNOLOGY Aggregate Year-to-Date 650.00 | Date of Receipt M M |
| Full Name (Last, First, Middle Initial) MR KENNETH DANIELS Mailing Address 4156 DUNMORE DI City LAKE WALES FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code FL 33859 C Occupation VP/GM Aggregate Year-to-Date 1300.00 | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional |) | 75.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | f | Jse separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 143 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|--|--|---|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | the name and address | s of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS MARY DASCHNER Mailing Address 2926 EWING AVE S City MINNEAPOLIS FEC ID number of contributing federal political committee. | State MN | Zip Code 55416 | Date of Receipt 1 2 2 3 2 0 0 6 Transaction ID: INCA29785 Amount of Each Receipt this Period 192.30 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation GROUP PRI Aggregate Yea | ES RETIREE SOLUTION ar-to-Date ▼ 4999.80 | |
| Full Name (Last, First, Middle Initial) DR AMITA DASMAHAPATRA Mailing Address 24 CHARLOTTE HI | L DR | | Date of Receipt |
| City | State | Zip Code | Transaction ID: INCA29713 |
| BERNARDSVILLE | NJ | 07924 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR MED | DICAL POLICY & PROG | |
| Receipt For: Primary General Other (specify) | Aggregate Yea | | |
| Full Name (Last, First, Middle Initial) MR ANDREW DAVIS | | | Date of Receipt |
| Mailing Address 3920 EXCELSIOR E #313 | BLVD. | | 1 2 2 3 2 0 0 6 |
| City SAINT LOUIS PARK | State MN | Zip Code 55416 | Transaction ID: INCA29797 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP MKTING | & PRODUCT DEV | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Yea | | |
| SUBTOTAL of Receipts This Page (optional | | | 252.30 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 144 / 244 (check only one) X |
|--|----------------------------------|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | e name and add | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR DANIEL DAVISON Mailing Address 18 BENTLEY DRIVE | MR DANIEL DAVISON | | |
| City FRANKLIN LAKES FEC ID number of contributing federal political committee. | State NJ | Zip Code 07417 | Transaction ID: INCA29922 Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | + + | n ANCIAL PLANNING Year-to-Date ▼ 1300.00 | |
| Full Name (Last, First, Middle Initial) MR LUCA DEFLORENTIIS Mailing Address N108 W7045 BERKSI | Date of Receipt 1 2 2 3 2 0 0 6 | | |
| City Sta CEDARBURG W FEC ID number of contributing federal political committee | | Zip Code 53012 | Transaction ID: INCA29851 Amount of Each Receipt this Period 25.00 |
| Receipt For: Primary Other (specify) | Occupation SR DIR A | n ACCT MGMT e Year-to-Date ▼ | 1 |
| Full Name (Last, First, Middle Initial) MS BARBARA DELLEDONNA Mailing Address 199 SANFORD AVE | | | Date of Receipt |
| City EMERSON FEC ID number of contributing federal political committee. | State NJ | Zip Code 07630 | Transaction ID: INCA29955 Amount of Each Receipt this Period 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | ' | n E-COM BUSINESS OPS | |
| Primary General Other (specify) ▼ | , iggi ogale | 260.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 85.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 145 / 244 (check only one) X 11a |
|---|---|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persue name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR PAUL DELLO RUSSO Mailing Address 80 HILLSIDE AVENU City GLEN RIDGE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07028 C Occupation ASST COUNSEL Aggregate Year-to-Date 250.00 | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS KAREN DEZEARN Mailing Address 4740 BRINKLEY LAN City ATLANTA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code GA 30342 C Occupation SR NATL ACCT EXEC Aggregate Year-to-Date 650.00 | Date of Receipt M M M |
| Full Name (Last, First, Middle Initial) MS ROBBIN DICESARE Mailing Address 1003T HIGH STREE City BURLINGTON TOWNSHI FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 08016 C Occupation SR MGR TECHNOLOGY Aggregate Year-to-Date 482.56 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | 59.28 |

| I | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 146 / 244 (check only one) X |
|------------|---|-----------------------------|---|---|
| | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | e name and ad | ldress of any political committee to | o solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) WILLIS DINGLE Mailing Address 905 SW SCRUB OAK City PALM CITY | AVE State FL | Zip Code 34990 | Date of Receipt 1 2 2 3 2 0 0 6 Transaction ID: INCA29757 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation SR DIR Aggregate | | |
| В. | Full Name (Last, First, Middle Initial) MR ROBERT DOLAN Mailing Address 9 CRANE AVENUE | 1 | | Date of Receipt 1 2 2 3 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: INCA29903 |
| | WEST CALDWELL FEC ID number of contributing federal political committee. | NJ C | 07006 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | + - | on CHNOLOGY e Year-to-Date ▼ 650.00 | |
| С. | Full Name (Last, First, Middle Initial) MS MERIDITH DORNER Mailing Address 8010 ORCHARD VIEV | V LANE | | Date of Receipt 1 2 2 3 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: INCA29708 |
| | FOGELSVILLE FEC ID number of contributing federal political committee. | PA C | 18051 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | on CCT EXEC | |
| | Receipt For: Primary General Other (specify) ▼ | , ' | e Year-to-Date ▼ 650.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 75.00 |
| | TOTAL This Period (last page this line number | only) | | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 147/244 (check only one) |
|---|---|---|---|
| Any information copied from such Reports are or for commercial purposes, other than using | nd Statements may g the name and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | C. POLITICAL <i>F</i> | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR H.RONALD DRIZIN | | | Date of Receipt |
| Mailing Address 17 DAYBREAK | | | 12 23 2006 |
| City IRVINE | State CA | Zip Code 92614 | Transaction ID: INCA29958 |
| FEC ID number of contributing federal political committee. | C | 92014 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CON | TRACT ADMINISTRATOR | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 1300.00 | |
| Full Name (Last, First, Middle Initial) MR DANA DUNCAN | | | Date of Receipt |
| Mailing Address 125 COMSTOCK T | RAIL | | 12 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City EAST HAMPTON | State CT | Zip Code 06424 | Transaction ID: INCA29834 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 00424 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR 3 | TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | - 1 ' | Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MR STEPHEN DUNLEAVY | | | Date of Receipt |
| Mailing Address 14026 KNOX STR | EET | | M M / D D / Y Y Y Y Y 1 1 2 2 3 2 0 0 6 |
| City OVERLAND PARK | State KS | Zip Code 66221 | Transaction ID: INCA29753 |
| FEC ID number of contributing federal political committee. | C | 00221 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP SALE | S SEGMENT LEADER | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 450.00 | |
| SUBTOTAL of Receipts This Page (optional | | | 125.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 148 / 244 (check only one) X 11a |
|---|--|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | statements may not be sold or used by any personame and address of any political committee to POLITICAL ACTION COMMITTEE (a.k. | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR YAACOV DUSHEK Mailing Address 312 MEGAN CT City WYCKOFF FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07481 C Occupation SR DIR BENEFIT DELIVERY SYS Aggregate Year-to-Date 650.00 | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS GEORGIA EDDLEMAN Mailing Address 908 EDGEMEER LAN City SOUTHLAKE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | E State Zip Code TX 76092 C Occupation VP/GM Aggregate Year-to-Date ▼ 1791.40 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR MICHAEL EDWARDS Mailing Address 379 DURHAM RD City WYCKOFF FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07481 C Occupation VP/GM Aggregate Year-to-Date 650.00 | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | 84.45 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 149 / 244 (check only one) |
|---------|---|---|--|
| Г | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| | Any information copied from such Reports and Stat or for commercial purposes, other than using the na | ements may not be sold or used by any person ame and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) DR EDWARD EISENBERG, MD | | Date of Receipt |
| | Mailing Address 128 SUMMIT AVENUE | | 12 23 2006 |
| | City | State Zip Code | Transaction ID: INCA30031 |
| | UPPER MONTCLAIR | NJ 07043 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation MEDICARE CHIEF MEDICAL OFFICE | _ <u>E</u> R |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1135.00 | |
| - В. | Full Name (Last, First, Middle Initial) MR FREDERICK ELSTON | | Date of Receipt |
| | Mailing Address 106 GRAHAM TERRACE | <u> </u> | 12 23 YYYYY 12 23 2006 |
| | City | State Zip Code | Transaction ID: INCA29895 |
| | SADDLE BROOK | NJ 07663 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNICAL SPECIALIST | |
| | Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| | Other (specify) | 650.00 | |
| С. | Full Name (Last, First, Middle Initial) MR SCOTT ENOS | | Date of Receipt |
| | Mailing Address 22 BARNARD RD | | 12 23 2006 |
| | City | State Zip Code | Transaction ID: INCA29813 |
| | WARWICK | RI 02886 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLINICAL SVCS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |
| | SUBTOTAL of Receipts This Page (optional) | > | 85.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 150 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|---------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | he name and add | dress of any political committee to | o solicit contributions from such committee. |
| MEDCO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR BRAD EPSTEIN | | | Date of Receipt |
| Mailing Address 359 LONG HILL ROA | AD EAST | | 12 23 YYYYY 12 23 2006 |
| City | State | Zip Code | Transaction ID: INCA30037 |
| BRIARCLIFF MANOR | NY | 10510 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP COR | n P COMMUNICATIONS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1090.00 |] |
| Full Name (Last, First, Middle Initial) DR ROBERT EPSTEIN | | | Date of Receipt |
| Mailing Address 75 TWEED BLVD | | | 12 23 7 2006 |
| City | State | Zip Code | Transaction ID: INCA29664 |
| UPPER GRANDVIEW | NY | 10960 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 192.31 |
| Name of Employer MEDCO HEALTH SOLUTIONS | | P MEDICAL&ANLYTC AFF | RS |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 3481.55 | 1 |
| Full Name (Last, First, Middle Initial) | | | B. (B.) |
| Mailing Address 11540 39TH AVE N | | | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| City PLYMOUTH | State MN | Zip Code 55441 | Transaction ID: INCA29801 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 15.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP ACC | n T SVCS & ADMIN | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 390.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 257.31 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 151 / 244 (check only one) X 11a 11b 11c 12 |
|--|--------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | ne name and add | ress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR YAKOV ESTERLIS | TOLITIOALA | OTION COMMITTEE (a.r. a | Date of Receipt |
| Mailing Address 100 WINSTON DRIV 17 C NORTH | | 7's O. d. | 12 23 2006 |
| CLIESCIDE DARK | State NJ | Zip Code | Transaction ID: INCA29989 |
| CLIFFSIDE PARK FEC ID number of contributing federal political committee. | C | 07010 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | | ECHNOLOGY | |
| Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MR EDWARD FARGIS Mailing Address 216 ELMWOOD AVE | ENUE | | Date of Receipt 1 2 2 3 2 0 0 6 |
| City HO-HO-KUS | State NJ | Zip Code | Transaction ID: INCA30012 |
| FEC ID number of contributing federal political committee. | C | 07423 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) DR RICHARD FEIFER | | | Date of Receipt |
| Mailing Address 32 EILEEN DR | | | 12 23 7 9 9 9 |
| City | State | Zip Code | Transaction ID: INCA29790 |
| MAHWAH | NJ | 07430 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CARE | ENHANCING SOLUTIONS | 3 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1300.00 | |
| SUBTOTAL of Receipts This Page (optional) | 1 | | 125.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 152 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|---|--|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | atements may not be sold or used by any person name and address of any political committee to OLITICAL ACTION COMMITTEE (a.k.a. | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR THOMAS FEITEL Mailing Address 58 APPLE HILL DR | | Date of Receipt |
| City GILLETTE | State Zip Code NJ 07933 | 1 2 2 3 2 0 0 6 Transaction ID: INCA29827 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 192.23 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation SVP CORP MKTG & E-COMM Aggregate Year-to-Date ▼ 4997.98 | |
| Full Name (Last, First, Middle Initial) MS DAWN FELDNER Mailing Address 275 BIRCH STREET | | Date of Receipt 1 2 2 3 2 0 0 6 |
| City EMERSON | State Zip Code NJ 07630 | Transaction ID: INCA29959 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 25.00 |
| Receipt For: Primary General Other (specify) | SR DIR BUSINESS REQUIREMENTS Aggregate Year-to-Date ▼ 450.00 | <u> </u> |
| Full Name (Last, First, Middle Initial) MR THOMAS FERRAZZANO | | Date of Receipt |
| Mailing Address 464 SPRING AVE. | | 12 23 YYYY 2006 |
| City <u>RIDGEWOOD</u> | State Zip Code NJ 07450 | Transaction ID: INCA29923 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 675.00 | |
| SUBTOTAL of Receipts This Page (optional) | > | 242.23 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 153 / 244 (check only one) |
|--|-----------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using to | Statements may ne name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR DON FISCHER | | | Date of Receipt |
| Mailing Address 10 TRACY CIRCLE | | | 12 23 2006 |
| City CAMPBELL HALL | State NY | Zip Code 10916 | Transaction ID: INCA29731 |
| FEC ID number of contributing federal political committee. | C | 10910 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | n FECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR EDWARD FISCHER | I | | Date of Receipt |
| Mailing Address 465 OLD STONE RD |) | | 12 23 7 2006 |
| City <u>RIDGEWOOD</u> | State NJ | Zip Code 07450 | Transaction ID: INCA29780 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 07430 | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CLIN | n ICAL PROD INTEGRATION | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 775.00 |] |
| Full Name (Last, First, Middle Initial) MR ANTHONY FLOWERS | | | Date of Receipt |
| Mailing Address 1933 MT. OLIVE AGOSTA ROAD | | | 12 23 2006 |
| City NEW BLOOMINGTON | State OH | Zip Code 43341 | Transaction ID: INCA29868 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 70071 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR I | n HLTH CARE OPS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 650.00 | |
| SUBTOTAL of Receipts This Page (optional) | |) | 100.00 |
| TOTAL This Period (last page this line numb | | | |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | (X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 154 / 244 (check only one) X |
|--|---------------------|---|---|
| Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | ng the name and add | lress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR PAUL FORTUNATO, III Mailing Address 18 WINDING RID | GE | | Date of Receipt 1 2 2 3 2 0 0 6 |
| City OAKLAND | State NJ | Zip Code 07436 | Transaction ID: INCA29734 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | | ACCT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 260.00 | |
| Full Name (Last, First, Middle Initial) MR JOSEPH FRENDO Mailing Address 9 GREEN HILL TI | RAIL | | Date of Receipt 1 2 2 3 2 0 0 6 |
| City | State | Zip Code | Transaction ID: INCA29886 |
| TROPHY CLUB | TX | 76262 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | | TONAL SERVICE CENTER | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2600.00 | |
| Full Name (Last, First, Middle Initial) MR ANDREW FRIEDELL | • | | Date of Receipt |
| Mailing Address 1434 NARRAGAN | ISETT BLVD | | 12 23 2006 |
| City | State | Zip Code | Transaction ID: INCA29747 |
| CRANSTON FEC ID number of contributing federal political committee. | C | 02905 | Amount of Each Receipt this Period 30.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR C | n GOV AFFAIRS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 780.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | | 90.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 155 / 244 (check only one) X |
|---|-------------------------------|--|--|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | the name and add | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR JOSEPH GALARDI Mailing Address 24 MOREHOUSE F City NEW PROVIDENCE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupation VP & CO | | Date of Receipt 1 2 2 3 2 0 0 6 Transaction ID: INCA29662 Amount of Each Receipt this Period 50.00 |
| Full Name (Last, First, Middle Initial) MS PAMELA GALASSINI Mailing Address 720 N. LARRABEE APT 1701 City CHICAGO FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 60654 n ARMA STRAT & SOLUTION Year-to-Date \blacktriangledown | Date of Receipt M |
| Full Name (Last, First, Middle Initial) MS IRENE GALE Mailing Address 3 MAIZE TRAIL City PLACITAS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 87043 CLINICAL SVCS Year-to-Date 260.00 | Date of Receipt M |
| SUBTOTAL of Receipts This Page (optional | l) | | 252.31 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 156 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | Statements may not be sold or used by any personal name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a.) | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS IVY GALLACCHI Mailing Address 11 LAKE AVENUE City MALTA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 12020 C Occupation VP INFO TECHNOLOGY Aggregate Year-to-Date 260.00 | Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS PATRICIA GALLAGHER Mailing Address 842 ASHLER CT City COLUMBUS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code OH 43235 C Occupation NATL ACCT EXEC Aggregate Year-to-Date 390.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR BARNEY GALLASSIO Mailing Address 69 LAKEVIEW DR City OLD TAPPAN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07675 C Occupation VP CLIENT RELATIONS Aggregate Year-to-Date 1031.92 | Date of Receipt M |
| SUBTOTAL of Receipts This Page (optional) | | 75.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | ^) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 157/244 (check only one) |
|--|--|--|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the name and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | C. POLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MICHAEL GALVIN | | | Date of Receipt |
| Mailing Address 25 BALLYMEADE F | ROAD | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City HOPEWELL JUNCTION | State NY | Zip Code 12533 | Transaction ID: INCA30020 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 192.31 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP/CHI | n EF INFRASTRUCTURE OF | FR |
| Receipt For: Primary General Other (specify) ▼ | - | Year-to-Date ▼ 3519.24 | |
| Full Name (Last, First, Middle Initial) MR OMHARAISRIRAM GANGAIKONDAN-IY | /ER | | Date of Receipt |
| Mailing Address 9 CAIRNES ROAD | | | 12 / 23 / Y Y Y Y Y Y |
| City MORRIS PLAINS | State NJ | Zip Code 07950 | Transaction ID: INCA30025 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 07000 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR TEC | n HNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | - + + | Year-to-Date ▼ 400.00 | |
| Full Name (Last, First, Middle Initial) MR PETER GAYLORD | | | Date of Receipt |
| Mailing Address 1201 BRIDGE STR | REET | | M M / D D / Y Y Y Y Y 1 1 2 2 3 2 0 0 6 |
| City ASBURY PARK | State NJ | Zip Code 07712 | Transaction ID: INCA29661 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP TRE | n EASURY & FINANCIAL EVA | L\$ |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 1300.00 | |
| | | | 267.31 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 158 / 244 (check only one) X |
|----|---|------------------------------|---|---|
| A | ny information copied from such Reports and a ror commercial purposes, other than using the | Statements mage name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| | Full Name (Last, First, Middle Initial) MR FRANK GENTILELLA | | | Date of Receipt |
| | Mailing Address 20 BROOKSHIRE DF | ł | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: INCA29755 |
| | ROBBINSVILLE FEC ID number of contributing federal political committee. | NJ C | 08691 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP/GM | n | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1300.00 | |
| | Full Name (Last, First, Middle Initial) MR ROBERT GIBBS | | | Date of Receipt |
| | Mailing Address 544 DENMOOR COU | RT | | 12 23 2006 |
| | City GALLOWAY | State OH | Zip Code 43119 | Transaction ID: INCA29706 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 12.50 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR OPS | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 412.50 | |
| _ | Full Name (Last, First, Middle Initial) MR THOMAS GILSON | | | Date of Receipt |
| - | Mailing Address 2 PELL FARM ROAD | | | 12 23 YYYYY 12 23 2006 |
| | City SADDLE RIVER | State NJ | Zip Code 07458 | Transaction ID: INCA29993 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 0/450 | 192.25 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SVP & G | n ENERAL MGR | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 5000.00 | |
| \[| SUBTOTAL of Receipts This Page (optional) . | | | 254.75 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 159 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----|---|--------------------------------|--|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements ma e name and ad | ly not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | POLITICAL | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MS MICHELE GLYNN | | | Date of Receipt |
| | Mailing Address 5333 EAST HELENA [| DRIVE | | 12 23 2006 |
| | City | State | Zip Code | Transaction ID: INCA29906 |
| | SCOTTSDALE FEC ID number of contributing federal political committee. | C | 85254 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | PRODUCT MGMT | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 650.00 | |
| В. | Full Name (Last, First, Middle Initial) MS AUDREY GOODMAN Mailing Address 26 LHLL SIDE AVE | | | Date of Receipt |
| | Mailing Address 26 HILLSIDE AVE. | | | 12 23 2006 |
| | City | State | Zip Code | Transaction ID: INCA29937 |
| | GLEN ROCK FEC ID number of contributing federal political committee. | NJ C | 07452 | Amount of Each Receipt this Period 15.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP ORG | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 390.00 | |
| C. | Full Name (Last, First, Middle Initial) MR JAMES GORMAN | | | Date of Receipt |
| | Mailing Address 11 WASHBURN RD | | | 12 23 2006 |
| | City CANTON | State CT | Zip Code 06022 | Transaction ID: INCA29718 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | on CLIENT & MKT PROG STRA | AT |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 65.00 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| | HEDULE A (FEC Form 3X) MIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 160 / 244 (check only one) X |
|----------------|--|-------------------------------|---|--|
| or for | offormation copied from such Reports and St. commercial purposes, other than using the NAME OF COMMITTEE (In Full) EDCO HEALTH SOLUTIONS INC. Programmer of the Programmer of | name and add | dress of any political committee to | solicit contributions from such committee. |
| A. MF Ma | II Name (Last, First, Middle Initial) R JAMES GRANT, II Billing Address 1928 BEVERLY LANE BY UFFALO GROVE C ID number of contributing deral political committee. The primary General II Name (Last, First, Middle Initial) 1928 BEVERLY LANE 1929 UFFALO GROVE 1929 General | | NCIAL INSIGHTS • Year-to-Date ▼ | Date of Receipt M M M |
| B. MF Ma Cit | Other (specify) Il Name (Last, First, Middle Initial) R EDWARD GRIX siling Address 525 ORANGEBURG RI by EARL RIVER C ID number of contributing deral political committee. | State NY | Zip Code 10965 | Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Na MI Re | me of Employer EDCO HEALTH SOLUTIONS secipt For: Primary General Other (specify) | - | n BUSINESS REQUIREMENTS • Year-to-Date ▼ 640.00 | 8 |
| C. MS Ma | Il Name (Last, First, Middle Initial) S GINA GRUHN ailing Address 13 WEATHER VANE D TY ONVENT STATION CC ID number of contributing deral political committee. THE CONTRIBUTIONS THE CONTRIBUTION TH | State NJ C Occupation VP/GM A | Zip Code 07960 n ACCOUNT SERVICES e Year-to-Date ▼ | Date of Receipt M M |
| SUB | TOTAL of Receipts This Page (optional) | | 0 0 0 0 0 0 0 | 75.00 |

| SCHEDULE A (FEC Form | Use separate schedule(s) for each category of the Detailed Summary Page | Check only one |
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| Any information copied from such Repo or for commercial purposes, other than | rts and Statements may not be sold or used by any pe using the name and address of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | S INC. POLITICAL ACTION COMMITTEE (a.k | |
| Full Name (Last, First, Middle Initial) MS TRACY GRUNSFELD | | Date of Receipt |
| Mailing Address 211 NORTH E APT 3C | ND AVENUE | 12 23 2006 |
| City NEW YORK | State Zip Code NY 10282 | Transaction ID: INCA29710 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 15.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CONSUMER DRIVEN MKTS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| Full Name (Last, First, Middle Initial) MR RICHARD GUIOR | I | Date of Receipt |
| Mailing Address 50 BELLEVUE | AVE | 1 2 2 3 2 0 0 6 |
| City SUMMIT | State Zip Code NJ 07901 | Transaction ID: INCA29679 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 90.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP BIAC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2340.00 | |
| Full Name (Last, First, Middle Initial) MR MARK HALLORAN | | Date of Receipt |
| Mailing Address 19 KINGS RID | GE ROAD | M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y |
| City LONG VALLEY | State Zip Code NJ 07853 | Transaction ID: INCA29896 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 192.31 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation CHIEF INFO OFFICER | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2769.24 | |
| SUBTOTAL of Receipts This Page (or | otional) | 297.31 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 162 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|----------------------------|---|--|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | atements ma name and ad | y not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR GREGORY HANSEN | | | Date of Receipt |
| Mailing Address 1659 ISABELLA PARK | WAY | | 12 23 2006 |
| City | State | Zip Code | Transaction ID: INCA29996 |
| CHASKA | MN | 55318 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP BUS | n S TRANSFORMATION & CO | g |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1300.00 | |
| Full Name (Last, First, Middle Initial) MS KELLY HANZAWA | | | Date of Receipt |
| Mailing Address 1116 OAKCROFT LAN | E | | M M / D D / Y Y Y Y Y 1 1 2 2 3 2 0 0 6 |
| City | State | Zip Code | Transaction ID: INCA29961 |
| SOMERSET | NJ | 08873 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR ACC | n CT MGMT OPS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MS SHANA HART | | | Date of Receipt |
| Mailing Address 20 FAIR GREEN DRIV | E | | 1 2 2 3 2 0 0 6 |
| City | State | Zip Code | Transaction ID: INCA29817 |
| TROPHY CLUB | TX | 76262 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATI | n _ ACCT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 260.00 | |
| SUBTOTAL of Receipts This Page (optional) | | > | 85.00 |

| | FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 163 / 244 (check only one) X |
|---------|---|--------------------------------|--|---|
| 4 | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ٨. | Full Name (Last, First, Middle Initial) MR PETER HARTY Mailing Address 19520 YELLOW WIN | G COLIRT | | Date of Receipt |
| | | | | 12 23 2006 |
| | City | State | Zip Code | Transaction ID: INCA29663 |
| | COLORADO SPRINGS | CO | 80908 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP GOV | n ERNMENT AFFAIRS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 4773.89 | |
| - i. | Full Name (Last, First, Middle Initial) MR WILLIAM HEAD | | | Date of Receipt |
| | Mailing Address 501 SLATERS LANE #816 | | | 12 / 23 / 2006 |
| | City | State | Zip Code | Transaction ID: INCA30044 |
| | ALEXANDRIA | VA | 22314 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | ERNMENT AFFAIRS | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | - |
| | Other (specify) | | 545.00 | |
| . – | Full Name (Last, First, Middle Initial) MR MARK HEGGESTAD | • | | Date of Receipt |
| | Mailing Address 13210 N. 11TH AVE. | | | 12 23 2006 |
| | City | State | Zip Code | Transaction ID: INCA29728 |
| | PHOENIX | AZ | 85029 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP SALE | ES . | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | _ |
| | Primary General Other (specify) ▼ | 0 0 | 650.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) | 1 | | 242.31 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Benorts a | Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person | FOR LINE NUMBER: PAGE 164 / 244 (check only one) X |
|---|--|---|
| or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) | g the name and address of any political committee to s | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS EILEEN HEINZ Mailing Address 27 DOGWOOD LI | N | Date of Receipt |
| City | State Zip Code | 1 2 2 3 2 0 0 6 Transaction ID: INCA29990 |
| MONTVALE | NJ 07645 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BUSINESS DEV | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |
| Full Name (Last, First, Middle Initial) MR SCOTT HELMUS | | Date of Receipt |
| Mailing Address 23 VALLEY RD | | 12 23 2006 |
| City SUCCASUNNA | State Zip Code NJ 07876 | Transaction ID: INCA29711 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CLIENT SOLUTIONS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1200.00 | |
| Full Name (Last, First, Middle Initial) MR ERIC HESS | | Date of Receipt |
| Mailing Address 10 CARLTON RD | | 12 23 YYYYY 12 23 2006 |
| City FLANDERS | State Zip Code NJ 07836 | Transaction ID: INCA29782 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP ENGINEERING & OPS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1100.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | 110.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 165 / 244 (check only one) X |
|---|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any pers ne name and address of any political committee to | |
| | POLITICAL ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON Mailing Address 16 LUTH TERRACE | | Date of Receipt |
| City | State Zip Code | 1 2 2 3 2 0 0 6 Transaction ID: INCA29866 |
| WEST ORANGE | NJ 07052 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP PHARMACY OPS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.00 | |
| Full Name (Last, First, Middle Initial) MR GLENN HOFFMAN | | Date of Receipt |
| Mailing Address 974 HILLCREST RO | | 12 / 23 / Y Y Y Y Y |
| City | State Zip Code | Transaction ID: INCA29938 |
| RIDGEWOOD | NJ 07450 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 30.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FACILITIES | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | _ |
| Other (specify) ▼ | 780.00 | |
| Full Name (Last, First, Middle Initial) MR TIMOTHY HOGAN | | Date of Receipt |
| Mailing Address 9 HIRLE ST | | 12 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| CORNWALL ON HUDSON | State Zip Code NY 12520 | Transaction ID: INCA29796 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNICAL SPECIALIST | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 105.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 166 / 244 (check only one) X 11a |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | Statements may not be sold or used by any perse name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.: | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR JOHN HOLLINGER Mailing Address 784 CAPE HENRY DF City COLUMBUS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code OH 43228 C Occupation DIR BUSINESS PLANNING Aggregate Year-to-Date 216.84 | Date of Receipt M |
| Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK Mailing Address 5 SUNCLIFF DR City TARRYTOWN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10591 C Occupation VP INTERVENTION DELIVERY SYS Aggregate Year-to-Date 2080.00 | Date of Receipt M M M |
| Full Name (Last, First, Middle Initial) MS CYNTHIA HORN Mailing Address 9553 ANDREW DR City TWINSBURG FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code OH 44087 C Occupation VP CUST SVC Aggregate Year-to-Date ▼ 381.94 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) . | | 98.86 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and second seco | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 167 / 244 (check only one) X |
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| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and ad | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR STEVEN HOROWITZ Mailing Address 4 MELISSA COURT | | | Date of Receipt 1 2 0 0 6 |
| City | State | Zip Code | Transaction ID: INCA30049 |
| MONTVILLE FEC ID number of contributing federal political committee. | NJ C | 07045 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | | n MARKETS FINANCE e Year-to-Date ▼ 750.00 | |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) B. MR WALTER HOSP | 0 0 | 730.00 | Date of Receipt |
| Mailing Address 1 OLD LANE | | | 1 2 2 3 2 0 0 6 |
| City SCARSDALE | State NY | Zip Code 10583 | Transaction ID: INCA29846 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP TREA | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 625.00 | |
| Full Name (Last, First, Middle Initial) MR JEFFREY HULL | 1 | | Date of Receipt |
| Mailing Address 2616 S 3B'S & K RD | | | 12 23 2006 |
| City GALENA | State OH | Zip Code 43021 | Transaction ID: INCA29871 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10021 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR I | n HLTH CARE OPS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 323.00 | |
| SUBTOTAL of Receipts This Page (optional) . | 1 | | 100.00 |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 168 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|--|
| or for commercial purposes, other than u | s and Statements may not be sold or used by any pers sing the name and address of any political committee to INC. POLITICAL ACTION COMMITTEE (a.k.a | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS JANE HULSE Mailing Address 95 GORDON R City ESSEX FELLS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | D State Zip Code NJ 07021 C Occupation VP FINANCE Aggregate Year-to-Date ▼ 1300.00 | Date of Receipt 1 2 |
| Full Name (Last, First, Middle Initial) MR DAVID ISRAEL Mailing Address 730 COLUMBUS City NEW YORK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | S AVENUE State Zip Code NY 10025 C Occupation VP INT'L STAKEHOLDER RELATIO Aggregate Year-to-Date 650.00 | Date of Receipt M M M |
| Full Name (Last, First, Middle Initial) MS SUSAN ITO Mailing Address 6366 SW 90TH City GAINESVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | STREET State Zip Code FL 32608 C Occupation EXEC DIR CLINICAL SVCS Aggregate Year-to-Date 1300.00 | Date of Receipt M M M |
| SUBTOTAL of Receipts This Page (opt | ional) | 125.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | fo | se separate schedule(s) or each category of the etailed Summary Page | FOR LINE NUMBER: PAGE 169 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|---|--|--|
| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may not g the name and address | be sold or used by any perso of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | IC. POLITICAL ACTI | ON COMMITTEE (a.k.a | . Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MS TERESE JACKSON Mailing Address 6085 S. PRESTOI | NI ANE | | Date of Receipt |
| City | | Zip Code | 1 2 2 3 2 0 0 6 Transaction ID: INCA29712 |
| NEW BERLIN | WI | 53151 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATL AC | CT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year | r-to-Date ▼ 260.00 | |
| Full Name (Last, First, Middle Initial) MR WILLIAM JACKSON | I | | Date of Receipt |
| Mailing Address 56 WARREN RD | | | 12 23 7 2006 |
| City | | Zip Code | Transaction ID: INCA29970 |
| WEST ORANGE NJ | | 07052 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 15.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC DIR M | EDICARE OPS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year | r-to-Date ▼ 390.00 | |
| Full Name (Last, First, Middle Initial) MR TODD JEFFREY | | | Date of Receipt |
| Mailing Address 15 ELIZABETH ST | | | 12 23 2006 |
| City | | Zip Code | Transaction ID: INCA29982 |
| <u>DUMONT</u> | NJ | 07628 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | | CONTRACT & CONSUL | TING |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year | r-to-Date ▼ 800.00 | |
| | al) | | 75.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 170 / 244 (check only one) X |
|--|---------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | the name and add | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MRS ANNE JOHNSTON Mailing Address 700 S. HARBOUR I UNIT 432 | ISLAND BLVD | | Date of Receipt 1 2 2 3 2 0 0 6 |
| City TAMPA | State FL | Zip Code 33602 | Transaction ID: INCA29979 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 30.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | | NFO SERVICE CENTER Year-to-Date ▼ 780.00 | |
| Full Name (Last, First, Middle Initial) MR RICHARD JONES Mailing Address 12224 MONTCALM | 1 STREET | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: INCA29940 |
| CARMEL FEC ID number of contributing federal political committee. | C | 46032 | Amount of Each Receipt this Period 15.08 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | n | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 784.16 | |
| Full Name (Last, First, Middle Initial) MS KATHRYN JONSRUD | ' | | Date of Receipt |
| Mailing Address 16357 VICTORIA C | CURVE SE | | 12 23 2006 |
| City | State | Zip Code | Transaction ID: INCA29816 |
| PRIOR LAKE FEC ID number of contributing federal political committee. | C | 55372 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR (| n CLIENT & MKT PROG STRA | AT |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| SUBTOTAL of Receipts This Page (optiona | | | 70.08 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 171 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | Statements may not be sold or used by any per ne name and address of any political committee POLITICAL ACTION COMMITTEE (a.k | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR JOHN KAPIOSKI Mailing Address 8202 MARSH GLEN City TAMPA | CT State Zip Code FL 33647 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: □ Primary □ General □ Other (specify) ▼ | Occupation SR DIR PHARMACY COMPLIANCE Aggregate Year-to-Date 275.00 | 50.00 |
| Full Name (Last, First, Middle Initial) MS BECKY KAUS Mailing Address N81 W18359 TOURS City MENOMONEE FALLS FEC ID number of contributing federal political committee. | S DR State Zip Code WI 53051 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation SR DIR CLINICAL SVCS Aggregate Year-to-Date 650.00 | |
| Full Name (Last, First, Middle Initial) MR WILLIAM KEELER Mailing Address 63 MOUNTAIN GLEI | N ROAD | Date of Receipt 1 2 2 3 2 0 0 6 |
| City RINGWOOD FEC ID number of contributing federal political committee. | State Zip Code NJ 07456 | Transaction ID: INCA30004 Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Occupation TECHNICAL SPECIALIST Aggregate Year-to-Date 650.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 100.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 172 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|--|---|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any perso g the name and address of any political committee to IC. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR WILLIAM KELLEY, III | · | Date of Receipt |
| Mailing Address 1970 WOODLAND | OS PL | 12 23 YYYY 2006 |
| City | State Zip Code | Transaction ID: INCA29860 |
| POWELL | OH 43065 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERAL MGR GROUP | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.00 | |
| Full Name (Last, First, Middle Initial) MR KEVIN KELLY | | Date of Receipt |
| Mailing Address 251 POPLAR AVE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: INCA29695 |
| HACKENSACK | NJ 07601 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MS LISA KETNER | | Date of Receipt |
| Mailing Address 7 POINT VIEW | | 1 2 2 3 2 0 0 6 |
| City | State Zip Code | Transaction ID: INCA29847 |
| OAKLAND | NJ 07436 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP MEMBER STRATEGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.00 | |
| SUBTOTAL of Receipts This Page (ontion | al) | 100.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 173 / 244 (check only one) X |
|---|--|---|
| NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any persong the name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS KARIN KLEINEGGER | NC. POLITICAL ACTION COMMITTEE (a.k.a | n. Medco Health PAC) Date of Receipt |
| Mailing Address 121 CONKLING T | OWN ROAD State Zip Code | 1 2 2 3 2 0 0 6 Transaction ID: INCA29972 |
| CHESTER | NY 10918 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR ACCT MGMT | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.00 | |
| Full Name (Last, First, Middle Initial) KENNETH KLEPPER | I | Date of Receipt |
| Mailing Address 295 GLEN PLACE | <u> </u> | 12 23 2006 |
| City | State Zip Code | Transaction ID: INCA30010 |
| FRANKLIN LAKES | NJ 07417 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 192.30 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation PRES & CHIEF OPERATING OFFIC | ER |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 4807.50 |] |
| Full Name (Last, First, Middle Initial) MR JON KLINE | | Date of Receipt |
| Mailing Address 36 CORTLAND TI | L | 12 23 2006 |
| City MAHWAH | State Zip Code NJ 07430 | Transaction ID: INCA30006 |
| FEC ID number of contributing federal political committee. | C 07450 | Amount of Each Receipt this Period 50.54 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP OPS PLANNING | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1314.04 | |
| SUBTOTAL of Receipts This Page (option | nal) | 292.84 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 174 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|--|--|---|
| or for commercial purposes, other than usin | and Statements may not be sold or used by any persong the name and address of any political committee to | solicit contributions from such committee. |
| MEDCO HEALTH SOLUTIONS IN | NC. POLITICAL ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR BRADFORD KOGEN | | Date of Receipt |
| Mailing Address 555 FORBUSH S | TREET | 12 23 2006 |
| City | State Zip Code | Transaction ID: INCA29965 |
| BOONTON | NJ 07005 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR CLIENT RETAIL | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 520.00 | |
| Full Name (Last, First, Middle Initial) MS KATHLEEN KORDUCKI | | Date of Receipt |
| Mailing Address 920 CLARK STRE | EET | 1 2 2 3 2 0 0 6 |
| City | State Zip Code | Transaction ID: INCA29716 |
| BOWLING GREEN | OH 43402 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATL ACCT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 715.00 | |
| Full Name (Last, First, Middle Initial) MS JOANN KRENITSKY | | Date of Receipt |
| Mailing Address 143 DEERFIELD | TERRACE | 12 23 2006 |
| City | State Zip Code | Transaction ID: INCA29742 |
| MAHWAH | NJ 07430 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC DIR PRODUCT | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 610.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | 95.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 175 / 244 (check only one) X 11a |
|---|----------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | the name and add | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS BARBARA KRZAK Mailing Address 495 ISLAND WAY City FRANKLIN LAKES FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | | Zip Code 07417 n D TECHNOLOGY e Year-to-Date ▼ | Date of Receipt 1 2 2 3 2 0 0 6 Transaction ID: INCA29899 Amount of Each Receipt this Period 55.00 |
| Other (specify) Full Name (Last, First, Middle Initial) MR MICHAEL KRZAN Mailing Address 2735 YORK RD City COLUMBUS | State OH | Zip Code 43221 | Date of Receipt 1 2 2 3 2 0 0 6 Transaction ID: INCA29950 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | C Occupation SVP MEI | | 50.00 |
| Full Name (Last, First, Middle Initial) MR MANOJ KUMAR Mailing Address 7 SUNRISE WAY City TOWACO FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 07082 n SS PROCESS CHAMPION 2 Year-to-Date ▼ | Date of Receipt M |
| SUBTOTAL of Receipts This Page (optional) |) | | 130.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 176 / 244 (check only one) X 11a |
|---------|---|--------------------------------|--|---|
| | Any information copied from such Reports and or for commercial purposes, other than using the | Statements ma e name and ad | ly not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | a. Medco Health PAC) | | |
| Α. | Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER | Date of Receipt | | |
| | Mailing Address 1100 KIMBERLY COU | 12 23 7 2006 | | |
| | City ROSEVILLE | State CA | Zip Code 95661 | Transaction ID: INCA29849 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | on GOVERNMENT AFFAIRS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2600.00 | |
| - В. | Full Name (Last, First, Middle Initial) JOSEPH LENZ | Date of Receipt | | |
| | Mailing Address 1735 LINKENHOLT C | 12 23 2006 | | |
| | City COLLIERVILLE | State TN | Zip Code | Transaction ID: INCA30038 |
| | FEC ID number of contributing federal political committee. | C | 38017 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP | Occupation VP PER | on FORMANCE STRATEGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 425.00 |] |
| - С. | Full Name (Last, First, Middle Initial) MR ROBERT LONG | | | Date of Receipt |
| | Mailing Address 18 HARLIND TERRACE | | | 12 23 2006 |
| | City RAMSEY | State NJ | Zip Code 07446 | Transaction ID: INCA29840 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NAT | n L ACCT EXEC | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 150.00 |
| | TOTAL This Period (last page this line numbe | | <u> </u> | |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 177 / 244 (check only one) X |
|--|----------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | the name and add | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR ROSS LUCE Mailing Address 1066 WEST GROVE City GIBSONIA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | State PA C Occupation VP/GM | Zip Code 15044 | Date of Receipt M M 23 2006 Transaction ID: INCA29752 Amount of Each Receipt this Period 15.00 |
| Primary General Other (specify) Full Name (Last, First, Middle Initial) MS DEBRA LUDGATE Mailing Address 238 WOODLAND A | VE | 480.00 | Date of Receipt 1 2 2 3 2 0 0 6 |
| City SUMMIT FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | ' | Zip Code 07901 n MARKETING Year-to-Date 650.00 | Transaction ID: INCA29799 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MS CHERYL MACDONALD Mailing Address 15011 EAGLEPARK City LITHIA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State FL C Occupation SR DIR (| Zip Code 33547 n CS REQUIREMENTS Year-to-Date ▼ 650.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb | <u> </u> | | 65.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 178 / 244 (check only one) X |
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| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | g the name and add | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR MICHAEL MAHON Mailing Address 64 PHEASANT HIL | L DRIVE | | Date of Receipt |
| City WEST HARTFORD | State CT | Zip Code 06107 | 1 2 2 3 2 0 0 6 Transaction ID: INCA30040 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n | 10.00 |
| Receipt For: Primary General Other (specify) | DIR SAL | |] |
| Full Name (Last, First, Middle Initial) MR KENNETH MALLEY Mailing Address 764 W. SADDLE F | RIVER ROAD | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | City State HO HO KUS NJ | | Transaction ID: INCA29784 |
| HO HO KUS | | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | | ENERAL MGR | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1300.00 |] |
| Full Name (Last, First, Middle Initial) MR MICHAEL MANDAGLIO | • | | Date of Receipt |
| Mailing Address 33 HICKORY TAV | ERN RD | | 12 23 2006 |
| City | State | Zip Code | Transaction ID: INCA29677 |
| GILLETTE FEC ID number of contributing federal political committee. | NJ C | 07933 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FINA | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1300.00 | |
| SUBTOTAL of Receipts This Page (options | | | 110.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 179 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
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| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any persithe name and address of any political committee to C. POLITICAL ACTION COMMITTEE (a.k. | son for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS ILENE MARCUS Mailing Address 97 BLUEBERRY D | · | Date of Receipt 1 2 2 3 2 0 0 6 |
| City WOODCLIFF LAKE DR | State Zip Code NJ 07675 | Transaction ID: INCA29908 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer | Occupation | 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | SR DIR FINANCE Aggregate Year-to-Date ▼ 210.00 | |
| Full Name (Last, First, Middle Initial) MR GARY MARGIOTTA Mailing Address 8 HEATHER HILL \ | WAY | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: INCA29778 |
| MENDHAM FEC ID number of contributing federal political committee. | NJ 07945 | Amount of Each Receipt this Period 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST COUNSEL | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 260.00 | |
| Full Name (Last, First, Middle Initial) MS TAMARA MARSHALL-IGUNBOR | 1 | Date of Receipt |
| Mailing Address W144 N7150 TERF | RACE DRIVE | 12 23 2006 |
| City MENOMONEE FALLS | State Zip Code WI 53051 | Transaction ID: INCA29803 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | |
| SUBTOTAL of Receipts This Page (options | J) | 45.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 180 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|--------------|---|---|
| | Any information copied from such Reports and Sta or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PC | name and add | dress of any political committee to | solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) MR TODD MARTIN Mailing Address 11825 SHEPPARDS CF City CLARKSVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | State MD C | Zip Code 21029 In IENERAL MGR | Date of Receipt M M |
| _ | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 4999.80 | |
| В. | Full Name (Last, First, Middle Initial) MR ROBERT MATCHETT Mailing Address 27 LAKEVILLE RD City SUSSEX FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | | Zip Code 07461 n cHNOLOGY e Year-to-Date ▼ | Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| - C. | Full Name (Last, First, Middle Initial) MR JEFFREY MAY Mailing Address 137 WASHINGTON AV City HILLSDALE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | State NJ C | Zip Code 07642 | Date of Receipt M M |
| ſ | Receipt For: Primary General Other (specify) ▼ | Aggregate | ARMA STRAT & SOLUTIONS e Year-to-Date 4999.80 | 409.60 |
| | SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number or | | • | - 403.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 181 / 244 (check only one) X |
|----------------|---|-----------------|---|---|
| | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | e name and ad | dress of any political committee to | o solicit contributions from such committee. |
| <u>/</u> A. | Full Name (Last, First, Middle Initial) MR TERENCE MAYTIN Mailing Address 496 FRANKLIN AVE | - CEITIOAE / | AOTION OOMINITTEE (a.K.a | Date of Receipt |
| | City WYCKOFF | State NJ | Zip Code 07481 | Transaction ID: INCA29760 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | | M STRATEGY & DELIVER | 10.00 |
| _ | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 260.00 | |
| В. | Full Name (Last, First, Middle Initial) MS PATRICIA MAZZONE Mailing Address 56 PENOBSCOT ST | | | Date of Receipt 1 2 2 3 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: INCA29845 |
| | CLIFTON FEC ID number of contributing federal political committee. | C | 07013 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | PRODUCT SVCS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| - C. | Full Name (Last, First, Middle Initial) MR SHAMUS MC GUIRE | Date of Receipt | | |
| | Mailing Address 19 FARMINGTON CC | 12 23 7 2006 | | |
| | City | State | Zip Code | Transaction ID: INCA29791 |
| | RAMSEY FEC ID number of contributing federal political committee. | C | 07446 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer ACCREDO HEALTH GROUP | , ' | S AND MARKETING | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 85.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 182 / 244 (check only one) X |
|---|---|---------------------------------|---|---|
| 0 | ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma ne name and ad | y not be sold or used by any persondress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| | Full Name (Last, First, Middle Initial) MR DANIEL MCCRONE | | | Date of Receipt |
| | Mailing Address 41 HENRY COURT | | | 12 23 2006 |
| | City MOUNT ARLINGTON | State NJ | Zip Code 07856 | Transaction ID: INCA30034 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 0.000 | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP OPS | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 900.00 | |
| _ | Full Name (Last, First, Middle Initial) MR THOMAS MCDONALD | | | Date of Receipt |
| | Mailing Address 0-45 27TH ST | | | 12 23 YYYYY 12 23 2006 |
| | City | State | Zip Code | Transaction ID: INCA29893 |
| | FAIR LAWN | NJ | 07410 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR TEC | on CHNOLOGY | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 650.00 | |
| _ | Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH | | | Date of Receipt |
| | Mailing Address 87 ROSELAWN RD | | | 12 23 YYYYY 12 23 2006 |
| | City HIGHLAND MILLS | State NY | Zip Code | Transaction ID: INCA29848 |
| | FEC ID number of contributing federal political committee. | C | 10930 | Amount of Each Receipt this Period |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST G | n ENERAL COUNSEL | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 3320.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 267.00 |

| SCHEDULE A (FEC F ITEMIZED RECEIPTS | • | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 183 / 244 (check only one) X | | | |
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| Any information copied from such or for commercial purposes, other | Reports and Statements may than using the name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. | | | |
| NAME OF COMMITTEE (In F MEDCO HEALTH SOLUT | * | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) | | | |
| Full Name (Last, First, Middle MR STEVEN MCNAMARA | Initial) | | Date of Receipt | | | |
| Mailing Address 112 GREE | EN TERRACE WAY | | 12 23 2006 | | | |
| City WEST MILFORD | State NJ | Zip Code 07480 | Transaction ID: INCA29978 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | | 07400 | 192.25 | | | |
| Name of Employer MEDCO HEALTH SOLUTION | Occupatio SVP BUS | n SINESS OPS | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 5000.00 | | | | |
| Full Name (Last, First, Middle MR EDWARD MCNEILEY | Full Name (Last, First, Middle Initial) MR EDWARD MCNEILEY | | | | | |
| Mailing Address 2623 KEN | Mailing Address 2623 KENCHESTER LOOP | | | | | |
| City WESLEY CHAPEL | State FL | Zip Code 33543 | Transaction ID: INCA29788 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | | 330.0 | 15.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTION | Occupatio DIR PHA | n .RM PRACTICE | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 600.00 | | | | |
| Full Name (Last, First, Middle MRS WENDY MELLO | Initial) | | Date of Receipt | | | |
| | Mailing Address 5147 BLUE SPRUCE DR | | | | | |
| City YPSILANTI | State MI | Zip Code 48197 | Transaction ID: INCA29720 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | | 10107 | 25.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTION | Occupatio DIR MKT | n TING & STRATEGIC ANAL | | | | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 425.00 | | | | |
| SUBTOTAL of Receipts This Pa | nge (ontional) | | 232.25 | | | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 184/244 (check only one) |
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| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may the name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| MEDCO HEALTH SOLUTIONS INC | C. POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) DAVID MILLER | | | Date of Receipt |
| Mailing Address 7 CLOVER LANE | | | 12 23 2006 |
| City | State | Zip Code | Transaction ID: INCA29683 |
| RANDOLPH FEC ID number of contributing federal political committee. | NJ C | 07869 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP LABC | n DR RELATIONS | |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Aggregate | Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MRS KAREN MILLER | | | Date of Receipt |
| Mailing Address 34 MACKENZIE LA | 12 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City DENVILLE | State NJ | Zip Code | Transaction ID: INCA29676 |
| FEC ID number of contributing federal political committee. | C | 07834 | Amount of Each Receipt this Period 30.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR (| n COMPLIANCE | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 780.00 | |
| Full Name (Last, First, Middle Initial) MR GIOVANNI MINARDI | | | Date of Receipt |
| Mailing Address 12 LINCOLN ROAD |) | | M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y |
| City KINNELON | State NJ | Zip Code 07405 | Transaction ID: INCA29994 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 01-100 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR 1 | n FECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 650.00 | |
| SUBTOTAL of Receipts This Page (optional | J)(li | | 80.00 |

| ITEMIZED RECEIPTS | Use separate sche for each category of Detailed Summary | of the |
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| Any information copied from such Reports or for commercial purposes, other than us | and Statements may not be sold or used bing the name and address of any political co | y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS I | NC. POLITICAL ACTION COMMITT | EE (a.k.a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR BHUPESH MISTRY | | Date of Receipt |
| Mailing Address 92 REDSTONE [| DR | 1 2 2 3 2 0 0 6 |
| City PARSIPPANY | State Zip Code NJ 07054 | Transaction ID: INCA29687 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNICAL SPECIALIST | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 50.00 |
| Full Name (Last, First, Middle Initial) MS JULIANA MOLEK | | Date of Receipt |
| Mailing Address 8620 LAKE RILE | 12 23 2006 | |
| City CHANHASSEN | State Zip Code MN 55317 | Transaction ID: INCA29771 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR SPECIAL MARKET | S |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 60.00 |
| Full Name (Last, First, Middle Initial) MR PETER MONKHOUSE | | Date of Receipt |
| Mailing Address 1320 BRONCO (| CIR | 1 2 2 3 2 0 0 6 |
| City WARRINGTON | State Zip Code PA 18976 | Transaction ID: INCA29781 |
| FEC ID number of contributing federal political committee. | PA 18976 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR TECHNOLOGY | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ | 50.00 |
| CURTOTAL of Province This Province | onal) | 60.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 186 / 244 (check only one) X |
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| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | ne name and add | dress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR THOMAS MORIARTY Mailing Address 86 WELLINGTON AV City SHORT HILLS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | State NJ C Occupatio GENL C- | -SEC-SVP PHARM STRAT | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) | Aggregate | e Year-to-Date ▼ 2010.00 | |
| MR TREVOR MORRIS Mailing Address 25611 ROLLING HIL | LS RD | | Date of Receipt 1 2 2 3 2 0 0 6 |
| City | State | Zip Code | Transaction ID: INCA29763 |
| LAGUNA HILLS | CA | 92653 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | | CCT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) MR RICHARD MOUNTJOY | • | | Date of Receipt |
| Mailing Address 2 STONEBRIDGE RI | | | 12 23 2006 |
| City <u>S</u> PARTA | State NJ | Zip Code 07871 | Transaction ID: INCA29973 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 20.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR NATI | n L ACCT EXEC | |
| Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 520.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 237.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 187 / 244 (check only one) X |
|------------------------|---|----------------------|---|--|
| (| Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | name and add | dress of any political committee to | o solicit contributions from such committee. |
| ∠ 4 . | Full Name (Last, First, Middle Initial) MR KEVIN MURPHY, JR Mailing Address 80 PARKWAY City | State | Zip Code | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| | FAIRFIELD FEC ID number of contributing federal political committee. | CT | 06824 | Amount of Each Receipt this Period 125.00 |
| | Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) ▼ | | n RKET STRATEGY AND DEV e Year-to-Date ▼ 2100.00 | |
| _ 3. | Full Name (Last, First, Middle Initial) MS BECKY NAGLE Mailing Address 64 WALTER AVE | | | Date of Receipt 1 2 2 3 2 0 0 6 |
| | City HASBROUCK HEIGHTS FEC ID number of contributing | State NJ | Zip Code 07604 | Transaction ID: INCA29715 Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP CLIN | ICAL SVCS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| | Full Name (Last, First, Middle Initial) MR ARTHUR NARDIN Mailing Address 28 POWDERHORN D | R | | Date of Receipt 1 2 2 3 2 0 0 6 |
| | City KINNELON FEC ID number of contributing | State NJ | Zip Code 07405 | Transaction ID: INCA29943 Amount of Each Receipt this Period 192.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio | n ARMACEUTICAL CONTRAC | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 4992.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 342.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 188 / 244 (check only one) X 11a |
|--|----------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and add | dress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR MICHAEL NICODEMO Mailing Address 407 MEER AVE City WYCKOFF FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 07481 n 0 TECHNOLOGY e Year-to-Date ▼ | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR HAIK NOVSHADIAN Mailing Address 45 DAVIS ROAD City SPARTA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 07871 | Date of Receipt M M J 23 23 2006 Transaction ID: INCA29806 Amount of Each Receipt this Period 26.00 |
| Full Name (Last, First, Middle Initial) MS COLLEEN O'BRIEN Mailing Address 30 BELCHER ROAD City WARWICK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | - ' | Zip Code 10990 n cHNOLOGY e Year-to-Date ▼ | Date of Receipt M |
| SUBTOTAL of Receipts This Page (optional) . | | | 46.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate scheduled for each category of the Detailed Summary Page | (crieck only one) |
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| A 0 | ny information copied from such Reports and r for commercial purposes, other than using th | Statements may not be sold or used by any e name and address of any political comm | y person for the purpose of soliciting contributions ittee to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL ACTION COMMITTEE | (a.k.a. Medco Health PAC) |
| | Full Name (Last, First, Middle Initial) MR CHARLES OESTREICHER | | Date of Receipt |
| | Mailing Address 6 PARK DR SOUTH | Ctata 7ia Cada | 12 23 2006 |
| | City RYE | State Zip Code NY 10580 | Transaction ID: INCA29962 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GROUP COO | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.0 | |
| _ | Full Name (Last, First, Middle Initial) MR MELVIN OHL | | Date of Receipt |
| | Mailing Address 274 E FRANKLIN TP | 12 23 2006 | |
| | City | State Zip Code | Transaction ID: INCA29917 |
| | RIDGEWOOD FEC ID number of contributing federal political committee. | NJ 07450 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP PROCUREMENT & INVENT | FORY |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.0 | 0 |
| _ | Full Name (Last, First, Middle Initial) MS CLAUDINE OLSEN | | Date of Receipt |
| | Mailing Address 4 HIGHGATE CT | | 1 2 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State Zip Code | Transaction ID: INCA29956 |
| | SUFFERN FEC ID number of contributing federal political committee. | NY 10901 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL ACCT EXEC | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.0 | 0 |
| Γ. | SUBTOTAL of Receipts This Page (optional) . | 1 | 125.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 190 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|------|--|-----------------------|---|--|
| A or | ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | name and add | dress of any political committee to | o solicit contributions from such committee. |
| | Full Name (Last, First, Middle Initial) ALEXANDER ONIK | OLITIOAL 7 | AOTION COMMITTEE (a.K.e | Date of Receipt |
| | Mailing Address 1 SCHINDLER CT City | State NJ | Zip Code | 1 2 2 3 2 0 0 6 Transaction ID: INCA30041 |
| | UPPER SADDLE RIVER FEC ID number of contributing federal political committee. | C | 07458 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | | HNOLOGY | |
| | Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 550.00 |] |
| | Full Name (Last, First, Middle Initial) MS NATALYA ONIK Mailing Address 1 SCHINDLER CT | l | | Date of Receipt |
| | City | State | Zip Code | 1 2 2 3 2 0 0 6 Transaction ID: INCA29823 |
| | UPPER SADDLE RIVER | NJ | 07458 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR BIA0 | n C SYSTEMS SOLUTIONS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| | Full Name (Last, First, Middle Initial) MS LUDIVINA PACAMARRA Mailing Address 4 TEAK COURT | | | Date of Receipt |
| | City | State | Zip Code | Transaction ID: INCA29905 |
| | RINGWOOD FEC ID number of contributing federal political committee. | C | 07456 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio EXEC DI | n R TECHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1300.00 | |
| Γ, | SUBTOTAL of Receipts This Page (optional) | 1 | | 100.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 191 / 244 (check only one) X |
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| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the name and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | C. POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MS DAWN PAGANO | | | Date of Receipt |
| Mailing Address 185 PASCACK RO | AD | | 12 23 2006 |
| City | State | Zip Code | Transaction ID: INCA29904 |
| PARK RIDGE FEC ID number of contributing federal political committee. | NJ C | 07656 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP BIAC | n | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 1150.00 | |
| Full Name (Last, First, Middle Initial) MR RICHARD PAGANO | | | Date of Receipt |
| Mailing Address 185 PASCACK RD | 12 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City PARK RIDGE | State NJ | Zip Code 07656 | Transaction ID: INCA29900 |
| FEC ID number of contributing federal political committee. | C | 07030 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR F | n BUSINESS REQUIREMENT | <u> </u> |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) MRS MICHELE PAIGE | | | Date of Receipt |
| Mailing Address 12 MILLBROOK CO | DURT | | M M / D D / Y Y Y Y Y 1 1 2 2 3 2 0 0 6 |
| City | State | Zip Code | Transaction ID: INCA29818 |
| LIVINGSTON FEC ID number of contributing federal political committee. | NJ C | 07039 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP RETI | REE SOLUTIONS MKTG | |
| Receipt For: Primary General Other (specify) | | Year-to-Date ▼ 650.00 | |
| SUBTOTAL of Receipts This Page (optional | 1) | | 100.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 192 / 244 (check only one) X |
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| Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | g the name and add | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR RICHARD PALOMBO Mailing Address 19 E. HOLLYWOC | DD LANE | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City BEESLEY'S POINT | State NJ | Zip Code 08223 | Transaction ID: INCA30008 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer | Occupation | 1 | 9.61 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | SR DIR F | PHARMACY REGULATORY Year-to-Date ▼ 201.81 | |
| Full Name (Last, First, Middle Initial) MR JAY PATEL Mailing Address 14 BROWNSTONE | E TERRACE | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: INCA30028 |
| <u>HAWTHORNE</u> | NJ | 07506 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | · · · · · · · · · · · · · · · · · · | HNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) MR MICHAEL PETEROY | • | | Date of Receipt |
| Mailing Address 4769 STAVANGEF | R LANE | | 12 23 2006 |
| City LAS VEGAS | State NV | Zip Code 89147 | Transaction ID: INCA29888 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 00147 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PRC | n DDUCT DEVELOPMENT | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 650.00 | |
| SUBTOTAL of Receipts This Page (options | al) | | 59.61 |
| TOTAL This Period (last page this line num | nber only) | · | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 193 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----|---|-----------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements ma name and ad | ly not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | POLITICAL | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR THOMAS PETTYES Mailing Address PESCA URL AND LANG. | DTU | | Date of Receipt |
| | Mailing Address 8522 UPLAND LN NO | КІП | | 12 23 7 2006 |
| | City MAPLE GROVE | State MN | Zip Code 55311 | Transaction ID: INCA29759 |
| | FEC ID number of contributing federal political committee. | C | 33011 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP & C | on BENERAL MGR | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 880.00 | |
| В. | Full Name (Last, First, Middle Initial) MS JUDITH PLATKIN Mailing Address CO. PLACKIMELL AVE | l | | Date of Receipt |
| | Mailing Address 29 BLACKWELL AVE | 12 23 2006 | | |
| | City | State | Zip Code | Transaction ID: INCA29678 |
| | MORRISTOWN FEC ID number of contributing federal political committee. | C | 07960 | Amount of Each Receipt this Period 75.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | SENERAL MGR | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1410.00 |] |
| С. | Full Name (Last, First, Middle Initial) MS JANET PORAT | | | Date of Receipt |
| | Mailing Address 5 CRABAPPLE CT | | | 12 23 2006 |
| | City | State | Zip Code | Transaction ID: INCA29762 |
| | MONSEY FEC ID number of contributing federal political committee. | C | 10952 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | on TECHNOLOGY | |
| | Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | | e Year-to-Date ▼ 650.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 150.00 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Benorts | Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person | FOR LINE NUMBER: PAGE 194 / 244 (check only one) X |
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| or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) | ng the name and address of any political committee to a | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE | | Date of Receipt |
| Mailing Address 875 ALEXANDRI | ACI | 12 23 2006 |
| City | State Zip Code | Transaction ID: INCA29832 |
| RAMSEY | NJ 07446 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 192.30 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP HR | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 4999.80 | |
| Full Name (Last, First, Middle Initial) MR ROBERT PRITCHET | I | Date of Receipt |
| Mailing Address 135 HOLLYBERF | RY DRIVE | 12 23 YYYYY 12 23 2006 |
| City | State Zip Code | Transaction ID: INCA29935 |
| HOPEWELL JUNCTION FEC ID number of contributing federal political committee. | NY 12533 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CONTRACT ADMINISTRATOR | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MR MARK PROULX | I | Date of Receipt |
| Mailing Address 20 BRANDY RID | GE ROAD | 12 23 YYYYY 12 23 2006 |
| City | State Zip Code | Transaction ID: INCA29999 |
| <u>SPARTA</u> | NJ 07871 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 192.31 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation CHIEF OF OPERATIONS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 3061.55 | |
| SUBTOTAL of Receipts This Page (optic | onal) | 409.61 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 195 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|------------------------------|---|---|
| | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements mage name and add | y not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions |
| 2 | MEDCO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| ۵. | Full Name (Last, First, Middle Initial) MR GILBERT RAINES Mailing Address 800 SANDY TRAIL | | | Date of Receipt 1 2 2 3 2 0 0 6 |
| | City KELLER | State TX | Zip Code 76248 | Transaction ID: INCA30018 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR HR | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 520.00 | |
| 3. | Full Name (Last, First, Middle Initial) MS FRANCES RAO Mailing Address 19 ROSS ROAD | | | Date of Receipt |
| | City | State | Zip Code | 1 2 2 3 2 0 0 6 Transaction ID: INCA29696 |
| | SCARSDALE NY | | 10583 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP PRIV | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| -). | Full Name (Last, First, Middle Initial) MS JOANN REED | • | | Date of Receipt |
| | Mailing Address 4 ANTLER CT | | | 12 23 YYYYY 12 23 2006 |
| | City <u>MATAWAN</u> | State NJ | Zip Code 07747 | Transaction ID: INCA29925 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 65.38 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SPECIAI | n _ ADVISOR TO CEO | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 5000.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 100.38 |
| | TOTAL This Period (last page this line number | r only) | | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 196 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|---------------------------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may the name and add | r not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| MEDCO HEALTH SOLUTIONS INC | C. POLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR THOMAS REINCKENS | | | Date of Receipt |
| Mailing Address 204 TOKENEKE RI | | 7: 0.1 | 12 23 2006 |
| City | State | Zip Code | Transaction ID: INCA29779 |
| DARIEN | CT | 06820 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP BIAC | 1 | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 550.00 | |
| Full Name (Last, First, Middle Initial) MR VICTOR RENNA | | | Date of Receipt |
| Mailing Address 8 CARLA ANN CT | | | 12 23 Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: INCA29966 |
| FLANDERS | NJ | 07836 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP PRO | TOUREMENT & INVENTORY | - |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 300.00 | |
| Full Name (Last, First, Middle Initial) MR JOSEPH REYNOLDS | I | | Date of Receipt |
| Mailing Address 412 RIVER MEWS | LANE | | 12 23 7 2006 |
| City | State | Zip Code | Transaction ID: INCA30015 |
| EDGEWATER | NJ | 07020 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 70.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP BUSI | n NESS REQUIREMENTS | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 1820.00 | |
| | | | 145.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 197 / 244 (check only one) X |
|--|--|---|
| NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any persong the name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS MARSHA REYNOLDS | NC. POLITICAL ACTION COMMITTEE (a.k.a | Date of Receipt |
| Mailing Address 907 ARISTA BLV | State Zip Code | 1 2 2 3 2 0 0 6 Transaction ID: INCA29882 |
| VALRICO FEC ID number of contributing federal political committee. | FL 33594 | Amount of Each Receipt this Period 5.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | Occupation DIR CUST SVC Aggregate Year-to-Date ▼ 260.00 | 1 |
| Full Name (Last, First, Middle Initial) MR DAVID ROBARGE Mailing Address 4565 QUEENSLA | ND LN N | Date of Receipt 1 2 2 3 2 0 0 6 |
| City | State Zip Code | Transaction ID: INCA29725 |
| MINNEAPOLIS | MN 55446 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR CLINICAL SVCS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MS SORAYA RODRIGUEZ-BALZAC | | Date of Receipt |
| Mailing Address 22 PAPOOSE TRA | AIL | 12 23 2006 |
| City ANDOVER | State Zip Code NJ 07821 | Transaction ID: INCA30014 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR MARKETING | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | 55.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 198 / 244 (check only one) X |
|--------|---|----------------------|---|---|
| A 0 | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad | dress of any political committee to | o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. I | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ۷. | Full Name (Last, First, Middle Initial) MR MICHAEL ROMANZO | | | Date of Receipt |
| | Mailing Address 855 CLUB MOSS CT. | | | 12 23 2006 |
| | City | State | Zip Code | Transaction ID: INCA29777 |
| | MARIETTA | GA | 30068 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.30 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio PRESIDI | n ENT SYSTEMED | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 2153.80 | |
| | Full Name (Last, First, Middle Initial) MS DONNA ROSEN | | | Date of Receipt |
| | Mailing Address 7 RED OAK LANE | | | 12 23 2006 |
| | City | State | Zip Code | Transaction ID: INCA29936 |
| | KINNELON | NJ | 07405 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | + 1 | -CLINICAL TECH | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 1300.00 | |
| | Full Name (Last, First, Middle Initial) MR CHRISTOPHERJOHN ROWLAND | | | Date of Receipt |
| | Mailing Address 16725 OLIVE CIRCLE | <u> </u> | | 12 23 2006 |
| | City | State | Zip Code | Transaction ID: INCA29690 |
| | FOUNTAIN VALLEY | CA | 92708 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | , ' | CCT EXEC | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 260.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) | ı | | 252.30 |

| ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one) X 11a |
|---|------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | the name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR RICHARD RUBINO Mailing Address 3 APACHE DRIVE | Quit | 7.0.4 | Date of Receipt 12 / 23 / 2006 |
| City OAKLAND FEC ID number of contributing federal political committee. | State NJ | Zip Code 07436 | Transaction ID: INCA29932 Amount of Each Receipt this Period 193.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | | n ANCE & CHIEF FIN OFFCR Year-to-Date ▼ 2858.00 | |
| Full Name (Last, First, Middle Initial) MR STEVEN RUSSEK Mailing Address 21 SKY TOP RIDG | E | | Date of Receipt 1 2 2 3 2 0 0 6 |
| City OAKLAND FEC ID number of contributing federal political committee. | State NJ | Zip Code 07436 | Transaction ID: INCA29795 Amount of Each Receipt this Period 50.00 |
| Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) ▼ | ' | n ICAL MGMT & SVCS Year-to-Date 1300.00 |] |
| Full Name (Last, First, Middle Initial) MS KAREN RUSSELL Mailing Address 148 CLUBHOUSE | DR | | Date of Receipt |
| City WEST COLUMBIA FEC ID number of contributing federal political committee. | State SC | Zip Code 29172 | Transaction ID: INCA29692 Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | DLINICAL SVCS Year-to-Date ▼ 590.00 | |
| | | _ | 268.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 200 / 244 (check only one) X |
|--|-----------------------------------|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) | Statements may he name and add | not be sold or used by any person dress of any political committee to | |
| MEDCO HEALTH SOLUTIONS INC. | . POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR ANTHONY RUSSO | | | Date of Receipt |
| Mailing Address 66 FINCH RD | | 7: 0.1 | 12 23 2006 |
| City | State | Zip Code | Transaction ID: INCA29883 |
| RINGWOOD | NJ | 07456 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 20.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP PROF | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 380.00 | |
| Full Name (Last, First, Middle Initial) MS MARY RYAN | | | Date of Receipt |
| Mailing Address 456 RICHMOND AV | ENUE | | 12 23 7 2006 |
| City | State | Zip Code | Transaction ID: INCA29924 |
| MAPLEWOOD | NJ | 07040 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 78.34 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP PHAF | RMACY REGULATORY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2036.84 | |
| Full Name (Last, First, Middle Initial) MISS CYNTHIA RYLANDS | I | | Date of Receipt |
| Mailing Address 4836 MIDDLE RD | | | 12 23 7 9 9 9 |
| City | State | Zip Code | Transaction ID: INCA29951 |
| ALLISON PARK | PA | 15101 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BUS | n INESS REQUIREMENTS | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 550.00 | |
| | | | 123.34 |

| SCHEDULE A (FEC | rs , | Use separate schedule(s) for each category of the Detailed Summary Page av not be sold or used by any persi | FOR LINE NUMBER: PAGE 201 / 244 (check only one) X |
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| or for commercial purposes, ot NAME OF COMMITTEE (I | ner than using the name and a n Full) | ddress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middom MR MICHAEL SARDONE Mailing Address 7 AHEF City WEST ORANGE FEC ID number of contribut federal political committee. Name of Employer MEDCO HEALTH SOLUTI Receipt For: Primary Ger Other (specify) | State NJ ing C Occupati SR DIR | Zip Code 07052 on ENTERPRISE BUS INTELLI te Year-to-Date ▼ 650.00 | Date of Receipt M M |
| Full Name (Last, First, Midd MR MATTHEW SARDY Mailing Address 230 FA City RIDGEWOOD FEC ID number of contribut federal political committee. Name of Employer MEDCO HEALTH SOLUTI Receipt For: Primary Ger Other (specify) | IRFIELD AVE. State NJ ing C Occupati VP FINA | | Date of Receipt M M D D 2 3 2 0 0 6 |
| Full Name (Last, First, Middom MR DAVID SCHLETT Mailing Address 339 GF City GLEN ROCK FEC ID number of contributed federal political committee. Name of Employer MEDCO HEALTH SOLUTION Receipt For: Primary Ger Other (specify) | State NJ ing C Occupati SVP FII | Zip Code 07452 on NANCIAL & ANALYTICAL SV te Year-to-Date 1300.00 | Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This TOTAL This Period (last page | | | 100.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 202 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|--|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | Statements may not be sold or used by any per name and address of any political committee POLITICAL ACTION COMMITTEE (a.k.) | e to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) FRANCIS SCHULTE Mailing Address 5023 SW BERMUDA City PALM CITY FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code FL 34990 C Occupation EXEC OPS OFFICER Aggregate Year-to-Date 608.56 | Date of Receipt M M |
| Full Name (Last, First, Middle Initial) MR ALLEN SCHWARTZ Mailing Address 9111 N KARLOV City SKOKIE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code IL 60076 C Occupation SR DIR CLINICAL PROD CONSUL Aggregate Year-to-Date 725.00 | Date of Receipt M M |
| Full Name (Last, First, Middle Initial) MR JEFFREY SCOTT Mailing Address 7330 EVEREST LANE City MAPLE GROVE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code MN 55311 C Occupation VP/GM Aggregate Year-to-Date 650.00 | Date of Receipt M M M / 23 / 2006 Transaction ID: INCA29968 Amount of Each Receipt this Period 25.00 |
| SUBTOTAL of Receipts This Page (optional) | | 90.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 203 / 244 (check only one) X 11a 11b 11c 12 |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may e name and add | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions osolicit contributions from such committee. |
| MEDCO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR LEONARD SCOTT | IE DDI) /E NI | | Date of Receipt |
| Mailing Address 13514 MOTTLESTON City | IE DRIVE NV State | Zip Code | 1 2 2 3 2 0 0 6 Transaction ID: INCA29861 |
| PICKERINGTON | OH | 43147 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10117 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio REG DIF | n R ACCT MGMT | |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MS MONICA SCOZZARE Mailing Address 3021 E MILLCREEK F | ROAD | | Date of Receipt |
| City | State | Zip Code | 1 2 2 3 2 0 0 6 Transaction ID: INCA29674 |
| SALT LAKE CITY FEC ID number of contributing | UT | 84109 | Amount of Each Receipt this Period 50.00 |
| federal political committee. | C | | 30.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio EXEC DI | n R CLINICAL SVCS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) MR ROBERT SENDEWICZ | | | Date of Receipt |
| Mailing Address 1220 CROSSING WA | ·Υ | | 12 23 7 2006 |
| City <u>WAYNE</u> | State NJ | Zip Code 07470 | Transaction ID: INCA29699 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR | n FECHNOLOGY | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 650.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 100.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 204 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|--|---|--|
| or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any perse name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k. | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR GEORGE SERPIKOV Mailing Address 66 PROSPECT AVE City WESTWOOD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | State Zip Code NJ 07675 C Occupation VP BUSINESS DEV Aggregate Year-to-Date ▼ | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III Mailing Address 1767 FAIRMOUNT S' City CARMEL FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | TREET State Zip Code IN 46032 C Occupation | Date of Receipt 1 2 2 3 2 2 0 0 6 Transaction ID: INCA29844 Amount of Each Receipt this Period 28.85 |
| Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MR JOHN SHEA Mailing Address 62 FRANKLIN TURN | VP ONCOLOGY TRC OPS Aggregate Year-to-Date ▼ 1269.40 PIKE | Date of Receipt |
| City ALLENDALE FEC ID number of contributing federal political committee. | State Zip Code NJ 07401 | Transaction ID: INCA29686 Amount of Each Receipt this Period 40.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation ASST COUNSEL Aggregate Year-to-Date 1040.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 118.85 |

| SCHEDULE A (FEC Form | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 205 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
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| | rts and Statements may not be sold or used by any pers using the name and address of any political committee to | |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS | S INC. POLITICAL ACTION COMMITTEE (a.k. | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR FRANK SHEEHY | | Date of Receipt |
| Mailing Address 550 KNOLLWC City | OOD ROAD State Zip Code | 1 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| RIDGEWOOD | NJ 07450 | Transaction ID: INCA29735 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP ACCT MGMT | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.00 | |
| Full Name (Last, First, Middle Initial) MR PETER SHERMAN | | Date of Receipt |
| Mailing Address 139 GATES AV | 'ENUE | 12 23 2006 |
| City | State Zip Code | Transaction ID: INCA29668 |
| MONTCLAIR | NJ 07042 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST GENERAL COUNSEL | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.00 | |
| Full Name (Last, First, Middle Initial) MR ELWOOD SIDES III | | Date of Receipt |
| Mailing Address 150 CLAREMO | NT AVE | 12 23 7 9 9 9 |
| City | State Zip Code | Transaction ID: INCA29745 |
| LONG BEACH | CA 90803 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP SALES | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | |
| SUBTOTAL of Receipts This Page (or | tional) | 125.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | ζ) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 206 / 244 (check only one) |
|--|---------------------------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | C. POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MS ANNE SIGILLITO | | | Date of Receipt |
| Mailing Address 67 FAIRHAVEN DF | RIVE | | 1 2 2 3 2 0 0 6 |
| City | State | Zip Code | Transaction ID: INCA29671 |
| ALLENDALE FEC ID number of contributing federal political committee. | NJ C | 07401 | Amount of Each Receipt this Period 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR 0 | n GENERIC STRAT & CUST [| DVI |
| Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 260.00 | |
| Full Name (Last, First, Middle Initial) MS JODI SILBERMANN | | | Date of Receipt |
| Mailing Address 16 TULIP LANE | | | 12 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City RANDOLPH | State NJ | Zip Code 07869 | Transaction ID: INCA29944 |
| FEC ID number of contributing federal political committee. | C | 07003 | Amount of Each Receipt this Period 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR F | n FINANCE | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 270.00 | |
| Full Name (Last, First, Middle Initial) JEFFREY SIMEK | | | Date of Receipt |
| Mailing Address 3555 GRANDE TUS | SCANY WAY | | M M / D D / Y Y Y Y Y 1 1 2 2 3 2 0 0 6 |
| City NEW SMYRNA BEACH | State FL | Zip Code 32168 | Transaction ID: INCA29825 |
| FEC ID number of contributing federal political committee. | C | 32100 | Amount of Each Receipt this Period 192.25 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP COR | n P COMMUNICATIONS | |
| Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 5000.00 | |
| SUBTOTAL of Receipts This Page (optional | ıD | | 212.25 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 207 / 244 (check only one) X |
|---|--|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any persong the name and address of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR LEE SIMON Mailing Address 2390 GREENVIEV | | Date of Receipt |
| City NORTHBROOK | State Zip Code IL 60062 | 1 2 2 3 2 0 0 6 Transaction ID: INCA29974 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation VP/GM Aggregate Year-to-Date 1300.00 | |
| Full Name (Last, First, Middle Initial) MR JEFFREY SINKO Mailing Address 10 CHERRY TRE | E LANE | Date of Receipt 1 2 2 3 2 0 0 6 |
| City | State Zip Code | Transaction ID: INCA29855 |
| KINNELON FEC ID number of contributing federal political committee. | NJ 07405 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST GENERAL COUNSEL | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 825.00 | |
| Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO Mailing Address 564 DALE COUR | ΓEAST | Date of Receipt 1 2 2 3 2 0 0 6 |
| City | State Zip Code | Transaction ID: INCA29697 |
| RIVER VALE FEC ID number of contributing federal political committee. | NJ 07675 | Amount of Each Receipt this Period 30.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC DIR TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 780.00 | |
| | • | 1 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 208 / 244 (check only one) X |
|---|--|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any person the name and address of any political committee to C. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR DAVID SITVER Mailing Address 24 YORKSHIRE AV | /E | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City SUFFERN FEC ID number of contributing | State Zip Code NY 10901 | Transaction ID: INCA29811 Amount of Each Receipt this Period |
| federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 31.00 |
| Receipt For: Primary General Other (specify) | EXEC DIR TECHNOLOGY Aggregate Year-to-Date ▼ 664.00 | |
| Full Name (Last, First, Middle Initial) ANN SMITH Mailing Address 437 GLENDALE RE |) | Date of Receipt |
| City | State Zip Code | Transaction ID: INCA29814 |
| WYCKOFF | NJ 07481 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR PUBLIC AFFAIRS | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MS COLLEEN SMITH | | Date of Receipt |
| Mailing Address 1241 CHENILLE CI | | 12 23 2006 |
| City WESTON | State Zip Code FL 33327 | Transaction ID: INCA29798 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR CLINICAL SVCS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |
| SUBTOTAL of Receipts This Page (optional | ı) | 66.00 |
| TOTAL This Period (last page this line num | ber only) | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 209 / 244 (check only one) X |
|----|---|----------------------|---|---|
| Ar | ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. Full Name (Last, First, Middle Initial) | POLITICAL / | ACTION COMMITTEE (a.k.a | , |
| | MR ROBERT SMITH Mailing Address 40 JOSHUA DR T | | | Date of Receipt 1 2 2 3 2 0 0 6 |
| | City RAMSEY | State NJ | Zip Code 07446 | Transaction ID: INCA29949 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP OPS | n | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1300.00 | |
| _ | Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR Mailing Address 23 CEDAR GATE RC |)AD | | Date of Receipt |
| | City | State | Zip Code | 12 23 2006 |
| | DARIEN | CT | 06820 | Transaction ID: INCA30007 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.25 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio CHAIRM | n IAN & CEO | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 5000.00 | |
| | Full Name (Last, First, Middle Initial) MR ALAN SOKALER | | | Date of Receipt |
| | Mailing Address 30 MICHELLE WAY | | | 12 23 2006 |
| | City PINE BROOK | State NJ | Zip Code 07058 | Transaction ID: INCA30027 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP FINA | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1110.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 292.25 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 210 / 244 (check only one) X |
|---------|---|-----------------------|---|--|
| _ | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad | dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| 2 | MEDCO HEALTH SOLUTIONS INC. F Full Name (Last, First, Middle Initial) | POLITICAL / | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| Α. | MS JENNIFER SPIDLE Mailing Address 6108 HUNTER LANE | | | Date of Receipt 1 2 2 3 2 0 0 6 |
| | City COLLEYVILLE | State TX | Zip Code 76034 | Transaction ID: INCA29874 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 12.50 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP/GM | n | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 625.00 | |
| - В. | Full Name (Last, First, Middle Initial) MR RALPH STAIANO | | | Date of Receipt |
| | Mailing Address 1 LAMBROS DRIVE | | | 12 23 2006 |
| | City MONROE | State NY | Zip Code 10950 | Transaction ID: INCA29682 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR I | n BUSINESS REQUIREMENTS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| С. | Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN Mailing Address 7 FOREST LAKE DR | | | Date of Receipt 1 2 2 3 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: INCA29934 |
| | WEST HARRISON FEC ID number of contributing federal political committee. | C | 10604 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SVP FIN | n ANCIAL & ANALYTICAL SVO | |
| | Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | | e Year-to-Date ▼ 775.00 | |
| | SUBTOTAL of Receipts This Page (optional) | |) | 87.50 |
| f | TOTAL This Period (last page this line number | only) | | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 211 / 244 (check only one) X |
|-------------|---|----------------|---|---|
| \ \ / | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and ad | dress of any political committee to | solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) MS JILL STEARNS Mailing Address 13130 HALSELL DR City | State | Zip Code | Date of Receipt 1 2 2 3 2 0 0 6 Transaction ID: INCA29976 |
| | AUSTIN FEC ID number of contributing federal political committee. | TX | 78732 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | ' | n _ ACCT EXEC e Year-to-Date ▼ | |
| В. | Full Name (Last, First, Middle Initial) MR CRAIG STEEL Mailing Address 122 DEMAREST AVE | NUE | | Date of Receipt 1 2 2 3 2 0 0 6 |
| | City EMERSON | State NJ | Zip Code 07630 | Transaction ID: INCA29766 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | , · | n _ ACCT EXEC • Year-to-Date ▼ 650.00 | 25.00 |
| с. С. | Full Name (Last, First, Middle Initial) MS SUSAN STEELE Mailing Address 501 CONTINENTAL D |)R | | Date of Receipt 1 2 2 3 2 0 0 6 |
| | City SAGAMORE HILLS | State OH | Zip Code 44067 | Transaction ID: INCA30052 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | , ' | n CCT EXEC e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 650.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 75.00 |
| | TOTAL This Period (last page this line number | only) |) | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 212 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----|---|--------------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | y not be sold or used by any personderss of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) MS AMY STEINKELLNER Mailing Address 728 GULF BOULEVA | DD | | Date of Receipt |
| | C/O PO BOX 834 | עח | | 12 23 2006 |
| | City | State | Zip Code | Transaction ID: INCA29804 |
| | INDIAN ROCKS BEACH | FL | 33785 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | - ' | ONAL PRACTICE LEADER | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1300.00 | |
| В. | Full Name (Last, First, Middle Initial) DR GLEN STETTIN | | | Date of Receipt |
| | Mailing Address 8 MILL GLEN CT | | | 12 23 7 2006 |
| | City | State | Zip Code | Transaction ID: INCA29995 |
| | UPPER SADDLE RIVER | NJ | 07458 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | MEDICAL OFFICER | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 3061.55 |] |
| С. | Full Name (Last, First, Middle Initial) MR SCOTT STRATTON | • | | Date of Receipt |
| | Mailing Address 351 TIMBERLANE DF | RIVE | | 12 23 2006 |
| | City ORANGE | State CT | Zip Code 06477 | Transaction ID: INCA30036 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP PRO | DUCT DEVELOPMENT | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 1300.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 292.31 |
| Ì | TOTAL This Period (last page this line number | only) | | |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 213 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
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| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any personant the name and address of any political committee to | |
| ` ' | . POLITICAL ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MS PATRICIA STRETE Mailing Address 7925 HICKORY AV | _ | Date of Receipt |
| City | State Zip Code | 1 2 2 3 2 0 0 6 Transaction ID: INCA29719 |
| RUSSELLS POINT | OH 43348 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR CLINICAL THERAPEUTICS | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MS COLEEN SULLIVAN | | Date of Receipt |
| Mailing Address 38 BARKMILL TERI | RACE | 12 23 2006 |
| City | State Zip Code | Transaction ID: INCA29975 |
| MONTVILLE FEC ID number of contributing federal political committee. | NJ 07045 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MS CYNTHIA SULLIVAN | | Date of Receipt |
| Mailing Address 21 DENISE DRIVE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City KINNELON | State Zip Code NJ 07405 | Transaction ID: INCA29933 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP FINANCIAL SVCS | 7 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |
| SUBTOTAL of Receipts This Page (optional |) | 150.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 214 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|--|--|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | atements may not be sold or used by any perso name and address of any political committee to OLITICAL ACTION COMMITTEE (a.k.a. | |
| Full Name (Last, First, Middle Initial) MR MARK SULLIVAN Mailing Address 16025 PINE VALE PL. City MIDLOTHIAN | State Zip Code VA 23113 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation BUSINESS PROCESS SPECIALIST Aggregate Year-to-Date 650.00 | |
| Full Name (Last, First, Middle Initial) MS IRENE SUTTON Mailing Address 20 AVENUE @ PORT APT 209 | IMPERIAL | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City WEST NEW YORK FEC ID number of contributing federal political committee. | State Zip Code NJ 07093 | Transaction ID: INCA29737 Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | Occupation SR DIR TECHNOLOGY Aggregate Year-to-Date ▼ | |
| Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT | 650.00 | Date of Receipt |
| Mailing Address 8362 GOLDEN PRAIR | E DRIVE | 1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City <u>TAMPA</u> | State Zip Code FL 33647 | Transaction ID: INCA29775 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2035.00 | |
| SUBTOTAL of Receipts This Page (optional) | • | 100.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 215 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any person the name and address of any political committee to be POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR LARRY THOMAS Mailing Address 3915 SILKWOOD T City ARLINGTON FEC ID number of contributing federal political committee. | RAIL State Zip Code TX 76016 | Date of Receipt 1 2 2 3 2 0 0 6 Transaction ID: INCA29912 Amount of Each Receipt this Period 4.41 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation MANAGING PHARMACIST Aggregate Year-to-Date 229.32 | |
| Full Name (Last, First, Middle Initial) MS MELISSA THOMET Mailing Address 721 HINMAN AVE #1E City EVANSTON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | State Zip Code IL 60202 C Occupation | Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary General Other (specify) | SR DIR ACCT MGMT OPS Aggregate Year-to-Date ▼ 260.00 | |
| Full Name (Last, First, Middle Initial) MS MARY THORSBY Mailing Address 17326 ELLEN DR City LIVONIA FEC ID number of contributing federal political committee. | State Zip Code MI 48152 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation SR NATL ACCT EXEC Aggregate Year-to-Date ▼ 1825.00 | |
| SUBTOTAL of Receipts This Page (optional |) | 89.41 |

| ľ | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate so for each categor Detailed Summa | X 11a | 2 6 |
|----------------|--|--|---|------------|
| | Any information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | me and address of any politica | ed by any person for the purpose of soliciting contributional committee to solicit contributions from such committee to solicit contributions from such committee (a.k.a. Medco Health PAC) | ons ee. |
| A. | Full Name (Last, First, Middle Initial) TIM TIDD Mailing Address 10302 S FEDERAL HWY PO BOX 266 City PORT ST LUCIE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code FL 34952 C Occupation VP/GM PATIENT SVCS Aggregate Year-to-Date | Transaction ID: INCA29838 Amount of Each Receipt this Per | od 50 |
| <u>-</u> В. | Full Name (Last, First, Middle Initial) MR WILLIAM TOBIN Mailing Address 838 COLONIAL RD City FRANKLIN LAKES FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07417 C Occupation VP BENEFIT SYSTEMS Aggregate Year-to-Date | Transaction ID: INCA29691 Amount of Each Receipt this Per | od .00 |
| _ С. | Full Name (Last, First, Middle Initial) MR HECTOR TORRES Mailing Address 6023 HOMESTEAD COU City HILLIARD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code OH 43026 C Occupation SUPV INVENTORY CON Aggregate Year-to-Date | Transaction ID: INCA29876 Amount of Each Receipt this Per | 0.6 |
| \vdash | SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number on | | | .78 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 217 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|---|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any pename and address of any political committed. POLITICAL ACTION COMMITTEE (a | |
| Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER Mailing Address 713 INDIAN CREEK | RD | Date of Receipt |
| City AMHERST FEC ID number of contributing | State Zip Code VA 24521 | Transaction ID: INCA29852 Amount of Each Receipt this Period 75.00 |
| Receipt For: Primary Other (specify) General | Occupation SR DIR GOVERNMENT AFFAIR Aggregate Year-to-Date 1950.00 | |
| Full Name (Last, First, Middle Initial) MR GARY TULLY Mailing Address 16 FIELDHEDGE DF | IVE | Date of Receipt 1 2 2 3 2 0 0 6 |
| City HILLSBOROUGH FEC ID number of contributing federal political committee. | State Zip Code NJ 08844 | Transaction ID: INCA29981 Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | Occupation DIR CLIENT SVC DELIVERY Aggregate Year-to-Date 650.00 | |
| Full Name (Last, First, Middle Initial) MS CARA VAN ZILE Mailing Address 31 LINCOLN RD | | Date of Receipt |
| City KINNELON FEC ID number of contributing federal political committee. | State Zip Code NJ 07405 | Transaction ID: INCA29786 Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | Occupation EXEC DIR ANALYTICAL SVCS Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 600.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 125.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 218 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | Statements may not be sold or used by any perse name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k. | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MRS MICHELLE VANCURA Mailing Address 35507 N VIA TRAMOI City PHOENIX FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | NTO State Zip Code AZ 85086 C Occupation SVP & GENERAL MGR Aggregate Year-to-Date ▼ | Date of Receipt 1 2 |
| Primary General Other (specify) Full Name (Last, First, Middle Initial) MRS JEANNINE VANKLEECK | 700.00 | Date of Receipt |
| Mailing Address 56 ZIMMER AVENUE City MIDLAND PARK | State Zip Code NJ 07432 | 1 2 2 3 2 0 0 6 Transaction ID: INCA29704 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | Occupation DIR FINANCIAL APPLICATIONS Aggregate Year-to-Date | 25.00 |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) MR NICHOLAS VASILOPOULOS Mailing Address 105 ARRANDALE RD | 525.00 | Date of Receipt 1 2 2 3 2 0 0 6 |
| City ROCKVILLE CENTRE FEC ID number of contributing federal political committee. | State Zip Code NY 11570 | Transaction ID: INCA29842 Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation VP MKTING Aggregate Year-to-Date ▼ 1300.00 | |
| SUBTOTAL of Receipts This Page (optional) | 1 | 125.00 |

| | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 1 |
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| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any persong the name and address of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR WIL VELARDE Mailing Address 443 WEST SADD | LE RIVER RD | Date of Receipt 1 2 2 3 2 0 0 6 |
| City UPPER SADDLE RIVER FEC ID number of contributing | State Zip Code NJ 07458 | Transaction ID: INCA29736 Amount of Each Receipt this Period 40.00 |
| federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation SR DIR PRODUCT Aggregate Year-to-Date ▼ 475.00 | 40.00 |
| Full Name (Last, First, Middle Initial) MR JEFFREY VERNICE Mailing Address 201 WATCHUNG UNIT #17 | AVENUE | Date of Receipt 1 2 2 3 2 0 0 6 |
| City | State Zip Code | Transaction ID: INCA29733 |
| BLOOMFIELD FEC ID number of contributing federal political committee. | NJ 07003 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR COMPLIANCE | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initial) MR GORDON VICKERS | | Date of Receipt |
| Mailing Address 436 MOUNTAIN A | VENUE | 12 23 YYYY 12 23 2006 |
| City | State Zip Code | Transaction ID: INCA29665 |
| WESTFIELD FEC ID number of contributing federal political committee. | NJ 07090 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL ACCT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | |
| SURTOTAL of Receipts This Page (ontion | nal) | 90.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 220 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|--------------------------------|---|---|
| | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | y not be sold or used by any persondress of any political committee to | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR MUNISH VIJ | | | Date of Receipt |
| | Mailing Address 11 BOULDER TRAIL | | | 12 23 2006 |
| | City MAHWAH | State NJ | Zip Code 07430 | Transaction ID: INCA30021 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR TEC | n CHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| - В. | Full Name (Last, First, Middle Initial) MR MICHAEL WAIBEL | | | Date of Receipt |
| | Mailing Address N48 W16381 LONE C | 12 23 2006 | | |
| | City | State WI | Zip Code | Transaction ID: INCA29805 |
| | MENOMONEE FALLS FEC ID number of contributing federal political committee. | C | 53051 | Amount of Each Receipt this Period 15.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | n ACCT MGMT OPS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 390.00 | |
| - C. | Full Name (Last, First, Middle Initial) MR DANIEL WALDEN | | | Date of Receipt |
| | Mailing Address 450 BEECHMONT DR | | | 12 23 2006 |
| | City NEW ROCHELLE | State NY | Zip Code 10804 | Transaction ID: INCA29907 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 192.25 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP REG | n GULATORY & MC PROGRA | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 5000.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 232.25 |
| l | TOTAL This Period (last page this line number | | <u> </u> | |

| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | ind Statements may not be sold or used by any person g the name and address of any political committee to a line. C. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. Medco Health PAC) |
|---|--|---|
| Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE Mailing Address 5445 GOODWIN A City DALLAS | ` ` | , |
| City DALLAS | | Date of Receipt |
| DALLAS | | 12 23 2006 |
| | State Zip Code TX 75206 | Transaction ID: INCA30023 Amount of Each Receipt this Period |
| federal political committee. | C | 192.25 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP SALES SEGMENT LEADER | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |
| Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE Mailing Address 5 APPLE ORCHAI | RD RD | Date of Receipt |
| City | State Zip Code | 12 23 2006 |
| MOORESTOWN | NJ 08057 | Transaction ID: INCA29857 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 12.50 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | |
| Full Name (Last, First, Middle Initial) MS CATHERINE WASSON | | Date of Receipt |
| Mailing Address 3912 CALLE AND | ALUCIA | 12 23 2006 |
| City SAN CLEMENTE | State Zip Code CA 92673 | Transaction ID: INCA29693 |
| FEC ID number of contributing federal political committee. | C 32073 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP NATL ACCTS | _ |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.00 | |
| SUBTOTAL of Receipts This Page (option | al) | 254.75 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 222 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|-----------------------------|---|---|
| | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements ma name and ad | y not be sold or used by any persod dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MS BEVERLY WATSON Mailing Address 2 MICHELANGELO CO | NIDT | | Date of Receipt |
| | | JUNI | | 12 23 2006 |
| | City SOMERSET | State NJ | Zip Code 08873 | Transaction ID: INCA29901 |
| | FEC ID number of contributing federal political committee. | C | 00073 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BEN | n JEFIT DELIVERY SYSTEMS | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 475.00 | |
| - В. | Full Name (Last, First, Middle Initial) MS DONNA WEATHERS | | | Date of Receipt |
| | Mailing Address 1043 BELL STREET | 12 23 2006 | | |
| | City | State | Zip Code | Transaction ID: INCA29833 |
| | EDMONDS | WA | 98020 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL AC | on CCT EXEC | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 260.00 | |
| -). | Full Name (Last, First, Middle Initial) MRS KELLY WEBBER | | | Date of Receipt |
| | Mailing Address 107 UPPER SADDLE I | RIVER ROA | AD | 1 2 2 3 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: INCA29836 |
| | MONTVALE | NJ | 07645 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 75.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP COR | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1450.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 110.00 |
| f | TOTAL This Period (last page this line number) | | · | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 223 / 244 (check only one) X 11a |
|--|---|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any persor g the name and address of any political committee to sold. IC. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH Mailing Address 309 WATERVIEW | ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` | Date of Receipt |
| | | 12 23 2006 |
| City FRANKLIN LAKES | State Zip Code NJ 07417 | Transaction ID: INCA29754 |
| FEC ID number of contributing federal political committee. | C 07417 | Amount of Each Receipt this Period 192.25 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GROUP PRES EMPLOYER GROUP | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |
| Full Name (Last, First, Middle Initial) MR KENNETH WERMES | | Date of Receipt |
| Mailing Address 26037 N WRANGL | LER RD | 12 23 2006 |
| City | State Zip Code | Transaction ID: INCA29830 |
| SCOTTSDALE FEC ID number of contributing federal political committee. | AZ 85255 | Amount of Each Receipt this Period 75.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP & GENERAL MGR | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1950.00 | |
| Full Name (Last, First, Middle Initial) MR PETER WHITE | | Date of Receipt |
| Mailing Address 2241 E. PINCHOT #17F | AVE. | 12 23 7 2006 |
| City | State Zip Code | Transaction ID: INCA29685 |
| PHOENIX | AZ 85016 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR ACCT MGMT OPS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 545.00 | |
| SUBTOTAL of Receipts This Page (option | al) | 292.25 |

TOTAL This Period (last page this line number only)

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 224 / 244 (check only one) X |
|--|--------------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) | d Statements may the name and add | not be sold or used by any persodress of any political committee to | |
| MEDCO HEALTH SOLUTIONS INC | . POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MS BEVERLY WINKLER | | | Date of Receipt |
| Mailing Address 17 LYNWOOD RD | Chata | 7:- Cada | 12 23 2006 |
| City | State | Zip Code | Transaction ID: INCA29930 |
| VERONA | NJ | 07044 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR (| n DRG DEV | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 650.00 | |
| Full Name (Last, First, Middle Initial) MS MARILYN WOLLETT | 1 | | Date of Receipt |
| Mailing Address 8174 MT AIR PL | | | 12 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: INCA29865 |
| COLUMBUS | OH | 43235 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHA | n RM PRACTICE | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1300.00 | |
| Full Name (Last, First, Middle Initial) MS ANNA WONG | | | Date of Receipt |
| Mailing Address 80 CHAMBERS STF APT 8A | REET | | 12 23 2006 |
| City | State | Zip Code | Transaction ID: INCA30019 |
| NEW YORK | NY | 10007 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP INSU | n RED SOLUTIONS | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 1300.00 | |
| SUBTOTAL of Receipts This Page (optional) |) | | 100.00 |

TOTAL This Period (last page this line number only)

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 225 / 244 (check only one) | | | |
|---|----------------------------------|---|--|--|--|--|
| | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 | | | |
| Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may e name and add | y not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. | | | |
| NAME OF COMMITTEE (In Full) | | | | | | |
| MEDCO HEALTH SOLUTIONS INC. F | POLITICAL / | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | | | |
| Full Name (Last, First, Middle Initial) MS JUDITH WOOD | | | | | | |
| Mailing Address 76 COLONIAL ROAD | Mailing Address 76 COLONIAL ROAD | | | | | |
| City | State | Zip Code | Transaction ID: INCA29969 | | | |
| STILLWATER | NY | 12170 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | | 25.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR / | n ACCT MGMT OPS | | | | |
| Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | |
| Other (specify) | | 650.00 | | | | |
| Full Name (Last, First, Middle Initial) B. MR SERGEY YANITSKIY | 1 | | Date of Receipt | | | |
| Mailing Address 793 LINCOLN AVE | | | 12 23 7 2006 | | | |
| City | State | Zip Code | Transaction ID: INCA29732 | | | |
| POMPTON LAKES | NJ | 07442 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | | 25.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR TEC | n HNOLOGY | | | | |
| Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | |
| Other (specify) | | 650.00 | | | | |
| Full Name (Last, First, Middle Initial) C. MS SARAH YINGLING | | | Date of Receipt | | | |
| Mailing Address 901 ST MARKS AVE | | | 12 23 2006 | | | |
| City | State | Zip Code | Transaction ID: INCA29819 | | | |
| WESTFIELD | NJ | 07090 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | | 25.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR I | n MEDICARE OPS | | | | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 650.00 | | | | |
| SUBTOTAL of Receipts This Page (optional) | | | 75.00 | | | |

TOTAL This Period (last page this line number only)

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 226 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|--------------------------------|---|---|
| , | Any information copied from such Reports and or for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any persondress of any political committee to | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | a. Medco Health PAC) | | |
| Α. | Full Name (Last, First, Middle Initial) MR DANIEL ZELEM, JR Mailing Address 219 SPOOK ROCK F | Date of Receipt | | |
| | | | | 12 23 2006 |
| | City SUFFERN | State NY | Zip Code 10901 | Transaction ID: INCA29891 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP & C | n CHIEF INFO OFFICER | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 1300.00 | |
| В. | Full Name (Last, First, Middle Initial) MS JILL ZELMAN | NEO DI | | Date of Receipt |
| | Mailing Address 43604 EMERALD DU | 12 23 2006 | | |
| | City LEESBURG | State VA | Zip Code 20176 | Transaction ID: INCA29945 |
| | FEC ID number of contributing federal political committee. | C | 20176 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FINA | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 592.28 | |
| _ C. | Full Name (Last, First, Middle Initial) MR ANTHONY ZOLFO | | | Date of Receipt |
| | Mailing Address 217 FOREST RIDGE | 12 23 2006 | | |
| | City FRANKLIN LAKES | State NJ | Zip Code 07417 | Transaction ID: INCA30026 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 07417 | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST Co | n OUNSEL | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 100.00 |
| r | TOTAL This Period (last page this line numbe | | <u> </u> | |

| ITEMIZED REC | (FEC Form 3X) EIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 227/244 (check only one) X 11a |
|--|---|---|---|
| Any information copied or for commercial purpo | from such Reports and Statements ruses, other than using the name and | may not be sold or used by any perso address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMIT MEDCO HEALTH | , , | L ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Full Name (Last, Fir. MS MARIA ANDERS | | | Date of Receipt |
| Mailing Address 6 | 16 TROPICAL BREEZE WAY | | 12 30 2006 |
| City TAMPA | State FL | Zip Code 33602 | Transaction ID: INCA30313 Amount of Each Receipt this Period |
| FEC ID number of c | ontributing | 33002 | 5.00 |
| Name of Employer MEDCO HEALTH S | SOLUTIONS Occupa | ation UST SVC | |
| Receipt For: Primary Other (specify | General Aggreg | ate Year-to-Date ▼ 260.00 | |
| Full Name (Last, Firm | st, Middle Initial) | | Date of Receipt |
| | 813 ADONIS AVE | 12 30 2006 | |
| City HENDERSON | State NV | Zip Code 89074 | Transaction ID: INCA30398 |
| FEC ID number of c | ontributing | 03074 | Amount of Each Receipt this Period 5.00 |
| Name of Employer MEDCO HEALTH S | SOLUTIONS Occupa | ation BENEFIT DELIVERY SYSTEM: | - |
| Receipt For: Primary Other (specify | General Aggreg | ate Year-to-Date ▼ 715.00 | |
| Full Name (Last, Firm | | | Date of Receipt |
| | 527 SHORBURGH DRIVE | | 1 2 3 0 2 0 0 6 |
| City INDIANAPOLIS | State IN | Zip Code 46278 | Transaction ID: INCA30069 Amount of Each Receipt this Period |
| FEC ID number of c | ontributing | 40270 | 25.00 |
| Name of Employer MEDCO HEALTH S | Occupa BOLUTIONS DIR PI | ation HARM PRACTICE | |
| Receipt For: Primary Other (specify | General Aggreg | ate Year-to-Date ▼ 275.00 | |
| SUBTOTAL of Receip | ts This Page (optional) | | 35.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 228 / 244 (check only one) X |
|----------|---|---|---|---|
| | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | on for the purpose of soliciting contributions o solicit contributions from such committee. | | |
| | MEDCO HEALTH SOLUTIONS INC. | a. Medco Health PAC) | | |
| Α. | Full Name (Last, First, Middle Initial) MR KENNETH DANIELS Mailing Address 4156 DUNMORE DR | Date of Receipt | | |
| | | 12 30 2006 | | |
| | City LAKE WALES | State FL | Zip Code 33859 | Transaction ID: INCA30274 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | on | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1300.00 | |
| - В. | Full Name (Last, First, Middle Initial) MS ROBBIN DICESARE | _ | | Date of Receipt |
| | Mailing Address 1003T HIGH STREE | 12 30 2006 | | |
| | City | State | Zip Code | Transaction ID: INCA30310 |
| | BURLINGTON TOWNSHI | NJ | 08016 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 9.28 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR MGF | on R TECHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 482.56 | |
| С. С. | Full Name (Last, First, Middle Initial) WILLIS DINGLE | | | Date of Receipt |
| | Mailing Address 905 SW SCRUB OAK | (AVE | | 12 30 2006 |
| | City | State | Zip Code | Transaction ID: INCA30152 |
| | PALM CITY FEC ID number of contributing federal political committee. | C | 34990 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1300.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 59.28 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 229 / 244 (check only one) X |
|---------------------------------------|--|----------------------|---|---|
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ny information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad | dress of any political committee to | o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ۷. | Full Name (Last, First, Middle Initial) MS GEORGIA EDDLEMAN | | | Date of Receipt |
| | Mailing Address 908 EDGEMEER LAN | ΙE | | 12 30 2006 |
| | City | State | Zip Code | Transaction ID: INCA30379 |
| | SOUTHLAKE | TX | 76092 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 34.45 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP/GM | n | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | 7 |
| | Other (specify) ▼ | | 1791.40 | |
| - 3. | Full Name (Last, First, Middle Initial) MR JOSEPH FRENDO | | | Date of Receipt |
| | Mailing Address 9 GREEN HILL TRAIL | _ | | 12 30 7 2006 |
| | City | State | Zip Code | Transaction ID: INCA30280 |
| | TROPHY CLUB | TX | 76262 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SVP NA | n TIONAL SERVICE CENTER | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | _ |
| | Other (specify) | | 2600.00 | |
| . – | Full Name (Last, First, Middle Initial) MR ROBERT GIBBS | | | Date of Receipt |
| | Mailing Address 544 DENMOOR COU | RT | | 12 30 7 2006 |
| | City | State | Zip Code | Transaction ID: INCA30102 |
| | GALLOWAY | OH | 43119 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 12.50 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR OPS | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | - |
| | Other (specify) | | 412.50 | |
| Г | | | | |

| SCHEDULE A (FEC For ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 230 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|--|--|
| or for commercial purposes, other than NAME OF COMMITTEE (In Full) | orts and Statements may not be sold or used by any permousing the name and address of any political committee as INC. POLITICAL ACTION COMMITTEE (a.k. | to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initia MR JOHN HOLLINGER Mailing Address 784 CAPE HE | , | Date of Receipt 1 2 3 0 2 0 0 6 |
| City COLUMBUS | State Zip Code OH 43228 | Transaction ID: INCA30264 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 4.17 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | Occupation DIR BUSINESS PLANNING | |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 216.84 | |
| Full Name (Last, First, Middle Initia MR RICHARD JONES Mailing Address 12224 MONT | , | Date of Receipt 1 2 3 0 2 0 0 6 |
| City | State Zip Code | Transaction ID: INCA30334 |
| CARMEL | IN 46032 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 15.08 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 784.16 | |
| Full Name (Last, First, Middle Initia MR WILLIAM KELLEY, III | , | Date of Receipt |
| Mailing Address 1970 WOODI | LANDS PL | 12 30 7 2006 |
| City POWELL | State Zip Code OH 43065 | Transaction ID: INCA30254 |
| FEC ID number of contributing federal political committee. | OH 43065 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERAL MGR GROUP | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.00 | |
| SUBTOTAL of Receipts This Page (| optional) | 44.25 |

| | DULE A (FEC Form 3X) ZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 231 / 244 (check only one) X |
|----------------|---|---------------------|---|---|
| or for co | rmation copied from such Reports and St mmercial purposes, other than using the E OF COMMITTEE (In Full) OCO HEALTH SOLUTIONS INC. P | name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full N | Jame (Last, First, Middle Initial) | OLITIOAL / | TO HON CONVINIE FEE (a.K.a | <u> </u> |
| | ng Address 1066 WEST GROVE C | T | | Date of Receipt 1 2 3 0 2 0 0 6 |
| City GIB: | SONIA | State PA | Zip Code 15044 | Transaction ID: INCA30147 Amount of Each Receipt this Period |
| FEC | ID number of contributing al political committee. | C | 13044 | 15.00 |
| Name MED | e of Employer CO HEALTH SOLUTIONS | Occupatio VP/GM | n | |
| Rece | ipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 480.00 | |
| 8. <u>MR</u> E | Jame (Last, First, Middle Initial) DWARD MCNEILEY ng Address 2623 KENCHESTER Lu | ООР | | Date of Receipt |
| City | | State | Zip Code | 1 2 3 0 2 0 0 6 Transaction ID: INCA30183 |
| <u>WES</u> | SLEY CHAPEL | FL | 33543 | Amount of Each Receipt this Period |
| | ID number of contributing all political committee. | C | | 15.00 |
| Name MED | e of Employer CO HEALTH SOLUTIONS | Occupation DIR PHA | n IRM PRACTICE | |
| Rece | ipt For: Primary General Other (specify) ♥ | Aggregate | e Year-to-Date ▼ 600.00 | |
| MR G | Jame (Last, First, Middle Initial) | | | Date of Receipt |
| | ng Address 800 SANDY TRAIL | | | 12 30 2006 |
| City KEL | LER | State TX | Zip Code 76248 | Transaction ID: INCA30413 Amount of Each Receipt this Period |
| | ID number of contributing al political committee. | С | | 10.00 |
| Name MED | e of Employer CO HEALTH SOLUTIONS | Occupatio DIR HR | n | |
| Rece | ipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 520.00 | |
| | TAL of Receipts This Page (optional) | <u> </u> | | 40.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 232 / 244 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|--------------------------------|---|---|
| 7 | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. I | POLITICAL | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MS MARSHA REYNOLDS | | | Date of Receipt |
| | Mailing Address 907 ARISTA BLVD | | | 12 30 2006 |
| | City VALRICO | State FL | Zip Code 33594 | Transaction ID: INCA30276 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 5.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CUS | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 260.00 | |
| В. | Full Name (Last, First, Middle Initial) FRANCIS SCHULTE | | | Date of Receipt |
| | Mailing Address 5023 SW BERMUDA | WAY | | 12 30 2006 |
| | City | State | Zip Code | Transaction ID: INCA30168 |
| | PALM CITY FEC ID number of contributing federal political committee. | C | 34990 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC O | n PS OFFICER | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 608.56 | |
| _ С. | Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III | | | Date of Receipt |
| | Mailing Address 1767 FAIRMOUNT ST | REET | | 12 30 / Y Y Y Y Y Y |
| | City CARMEL | State IN | Zip Code 46032 | Transaction ID: INCA30238 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 28.85 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP ONC | n OLOGY TRC OPS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1269.40 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 58.85 |
| ı | TOTAL This Period (last page this line number | | <u> </u> | |

| | FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 233 / 244 (check only one) X |
|-------------|--|--------------------|---|---|
| \ \ \ | ny information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad | dress of any political committee to | o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ۸. | Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE | | | Date of Receipt |
| | Mailing Address 6108 HUNTER LANE | | | 12 30 2006 |
| | City | State | Zip Code | Transaction ID: INCA30268 |
| | COLLEYVILLE | TX | 76034 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 12.50 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP/GM | n | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | _ |
| | Other (specify) | | 625.00 | |
| | Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT | | | Date of Receipt |
| | Mailing Address 8362 GOLDEN PRAIF | RIE DRIVE | | 12 30 YYYYY 12 30 2006 |
| | City | State | Zip Code | Transaction ID: INCA30170 |
| | TAMPA | FL | 33647 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP/GM | n | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 2035.00 | |
| _ | Full Name (Last, First, Middle Initial) MR LARRY THOMAS | | | Date of Receipt |
| | Mailing Address 3915 SILKWOOD TR | AIL | | 12 30 YYYY 2006 |
| | City | State | Zip Code | Transaction ID: INCA30306 |
| | ARLINGTON | TX | 76016 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 4.41 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | , ' | NG PHARMACIST | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | - |
| | Other (specify) | | 229.32 | |
| Г | SUBTOTAL of Receipts This Page (optional) . | | | 66.91 |

| SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 234 / 244 (check only one) X 11a |
|--|---|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any perse name and address of any political committee t | o solicit contributions from such committee. |
| MEDCO HEALTH SOLUTIONS INC. | POLITICAL ACTION COMMITTEE (a.k. | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) TIM TIDD | | Date of Receipt |
| Mailing Address 10302 S FEDERAL H PO BOX 266 | WY | 12 30 7 9 9 9 |
| City | State Zip Code | Transaction ID: INCA30232 |
| PORT ST LUCIE | FL 34952 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 12.50 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM PATIENT SVCS | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 425.00 | |
| Full Name (Last, First, Middle Initial) MR HECTOR TORRES | | Date of Receipt |
| Mailing Address 6023 HOMESTEAD (| COURT | 1 2 3 0 2 0 0 6 |
| City | State Zip Code | Transaction ID: INCA30270 |
| HILLIARD | OH 43026 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 4.28 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SUPV INVENTORY CONTROL | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 222.56 | |
| Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE | • | Date of Receipt |
| Mailing Address 5 APPLE ORCHARD | RD | 12 30 YYYYY 12 30 2006 |
| City | State Zip Code | Transaction ID: INCA30251 |
| MOORESTOWN | NJ 08057 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 12.50 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | |
| SURTOTAL of Receipts This Page (optional) | | 29.28 |

A.

| SCHEDULE A (FEC Form 3X) | | Lie e e e e e e e e e e e e e e e e e e | FOR LINE NUMBER: PAGE 235 / 244 |
|---|---------------------|---|---|
| ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the | (check only one) |
| | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 |
| Any information copied from such Reports and S or for commercial purposes, other than using the | | | |
| NAME OF COMMITTEE (In Full) | | | |
| MEDCO HEALTH SOLUTIONS INC. I | POLITICAL A | CTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MS MARILYN WOLLETT | | | Date of Receipt |
| Mailing Address 8174 MT AIR PL | | | 12 30 7 2006 |
| City | State | Zip Code | Transaction ID: INCA30259 |
| COLUMBUS | OH | 43235 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHAP | RM PRACTICE | |
| Receipt For: Primary General Other (specify) ▼ | 55 5 | /ear-to-Date ▼ 1300.00 | |

| SUBTOTAL of Receipts This Page (optional) | • | 25.00 |
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| TOTAL This Period (last page this line number only) | • | 30092.64 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | fo | se separate schedule(s) r each category of the etailed Summary Page | FOR LINE NUMBER: PAGE 236 / 244 (check only one) 11a 11b 11c 12 13 14 15 16 🔀 17 |
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| | Any information copied from such Reports and St or for commercial purposes, other than using the | atements may | y not l dress | be sold or used by any perso of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTI | ON COMMITTEE (a.k.a. | Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) BANK OF MARIN | | | | Date of Receipt |
| | Mailing Address 50 MADERA BLVD. | | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | | Zip Code | Transaction ID: INCA28872 |
| | CORTE MADERA | CA | | 94925 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 58.01 |
| | Name of Employer | Occupation | n | | INTEREST EARNED |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year | r-to-Date ▼ 917.72 | |
| В. | Full Name (Last, First, Middle Initial) BANK OF MARIN | | | | Date of Receipt |
| | Mailing Address 50 MADERA BLVD. | | | | 12 29 2006 |
| | City | State | | Zip Code | Transaction ID: INCA30054 |
| | CORTE MADERA | CA | | 94925 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 53.92 |
| | Name of Employer | Occupation | n | | INTEREST EARNED |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year | r-to-Date ▼ 917.72 | |

| SUBTOTAL of Receipts This Page (optional) | • | 111.93 |
|---|----------|--------|
| TOTAL This Period (last page this line number only) | → | 111.93 |

| SCHEDULE B (FEC Form 3X) | Use separate schedule(s | (check only | NUMBER: PAGE 237 / 244 |
|--|---|-------------------|---|
| TEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | 22 X 23 24 25 28a 28b 28c 29 |
| Any Information copied from such Reports and Sta or for commercial purposes, other than using the n | | | |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | | | |
| Full Name (Last, First, Middle Initial) MELISSA BEAN FOR CONGRESS | | | Transaction ID: EXPB29264 Date of Disbursement |
| Mailing Address P.O. BOX 3068 | | | 12 M / D 18 / Y Y Y O O 6 Y |
| City BARRINGTON | State Zip Code IL 60010 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Candidate Name | | 011 Category/ | 1000.00 |
| MELISSA BEAN | ursement For: 2008 | Type | |
| Office Sought: X House Disbute Senate President State: IL District: 08 | X Primary General Other (specify) | | |
| Full Name (Last, First, Middle Initial) HOUSE CONSERVATIVES FUND | | | Transaction ID: EXPB29659 Date of Disbursement |
| Mailing Address P.O. BOX 2752 | | | $\begin{bmatrix}\begin{smallmatrix}M\\1&2\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\2&2\end{smallmatrix}\end{bmatrix}^D \begin{bmatrix}\begin{smallmatrix}Y\\2&0\end{smallmatrix}\end{bmatrix}^Y \begin{bmatrix}Y\\2&0\end{smallmatrix}\end{bmatrix}^Y \begin{bmatrix}Y\\6\end{smallmatrix}$ |
| City WASHINGTON | State Zip Code DC 20013 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 1000.00 |
| Candidate Name GENERAL PURPOSE COMMITTEE | | Category/ Type | |
| Senate President | rrsement For: Primary General Other (specify) ▼ | • | |
| State: District: Full Name (Last, First, Middle Initial) TEAM SUNUNU | | | Transaction ID: EXPB29660 |
| Mailing Address P.O. BOX 500 | | | Date of Disbursement M M M / D D D / Y Y Y O O O |
| City RYE | State Zip Code NH 03870 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 1000.00 |
| Candidate Name JOHN E. SUNUNU | | Category/ Type | |
| Office Sought: House X Senate President | x Primary General Other (specify) | | |
| State: NH District: | Strict (opcony) | | |
| SUBTOTAL of Disbursements This Page (option | al) | | 3000.00 |
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| | | Use separate schedule(s | (check on | = NUMBER: PAGE 238 / 244 lv one) |
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| | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 23 24 25 28 28a 28b 28c X 29 |
| | y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POL | e and address of any political | al committee to so | olicit contributions from such committee |
| <u>/</u> | Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT HUGH HOLLIMA Mailing Address 103 SAPONA RD. | AN | | Transaction ID: EXPB28871 Date of Disbursement |
| | City LEXINGTON Purpose of Disbursement | State Zip Code NC 27295 | 1 | Amount of Each Disbursement this Period 500.00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | 011 Category/ Type | |
| | Office Sought: House Senate President State: NC District: | ement For: 2008 Primary General Other (specify) | | |
| | Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT PRYOR GIBSOI | N | | Transaction ID: EXPB28864 Date of Disbursement |
| | Mailing Address P.O. BOX 1010 | | | 1 2 0 4 2 0 0 6 |
| | City WADESBORO | State Zip Code NC 28170 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION | | 011 Category/ Type | 500.00 |
| | 9 🗎 | ement For: 2008 Primary General Other (specify) | • | |
| | Full Name (Last, First, Middle Initial) CRAWFORD CAMPAIGN | | | Transaction ID: EXPB28867 Date of Disbursement |
| | Mailing Address 509 COLLEGE ST. | | | 12 006 |
| | City OXFORD | State Zip Code NC 27565 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | 011 | 500.00 | |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | |
| | | ement For: 2008 | | |
| | | Primary General Other (specify) ▼ | | |

| SCHEDULE B (FEC FOIIII 3X) | | arate schedule(s) | | | R LINE eck only | | R: | | F | PAGE | 239 / : | 244 |
|--|-----------------------------------|------------------------------|-----|---------------|--------------------|------------------|--------|----------------|----------------|----------|----------|-------|
| ITEMIZED DISBURSEMENTS | | category of the Summary Page | | \Box | 21b 27 | 22 28a | П | 23 28b | 24 | | 25 29 | 2 3 |
| any Information copied from such Reports and Stat | | | | any p | person fo | or the pu | | e of so | oliciting | contrib | utions | 1 3 |
| r for commercial purposes, other than using the na | ame and addre | ss of any political | com | mitte | ee to sol | icit conti | rıbuti | ons fro | om such | n comm | nittee | |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PC | DLITICAL AC | CTION COMMIT | ГΤЕ | E (a | ı.k.a. M | ledco H | leal | th PA | C) | | | |
| Full Name (Last, First, Middle Initial) HOUSE DEMOCRATIC COMMITTEE | | | | | | Date | | on ID: | EXP ement | | | V |
| Mailing Address 220 HILLSBOROUGH | ST. | | | | | 1 ^M 2 | M | 0 | 4 / | ' ź | 0 Ď 6 | |
| City RALEIGH | State NC | Zip Code 27603 | | | | Amou | ınt of | Each | Disbur | - | - | eriod |
| Purpose of Disbursement | | | | 011 | | L. | | | _ | 100 | 00.00 | |
| Candidate Name NON-FEDERAL CONTRIBUTION | | | | atego Type | - | | | | | | | |
| Senate President | rsement For: Primary Other (spe | General ecify) ▼ | | | | | | | | | | |
| State: NC District: Full Name (Last, First, Middle Initial) | | | | | | Trans | acti | on ID: | EXP | B288F | 56 | |
| NORTH CAROLINA REPUBLICAN SEN | IATE COMM | IITTEE | _ | | | Date | | sburse | ement | | | Υ |
| Mailing Address 1506 HILLSBOROUGI | H STREET | | | | | 1 2 | | 0 | ^D / | | 0 0 6 | |
| City RALEIGH | State NC | Zip Code 27605 | | | | Amou | ınt of | Each | Disbur | sement | this P | erioc |
| Purpose of Disbursement | | | Г | 011 | | | _ | | | 50 | 00.00 | _ |
| Candidate Name NON-FEDERAL CONTRIBUTION | | | Ca | atego Type | ory/ | | | | | | | |
| Office Sought: House Disbu Senate President State: NC District: | rsement For: Primary Other (spe | General ecify) ▼ | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) PURCELL FOR N.C. SENATE COMMIT | TEE | | | | | | | on ID: | EXP ement | B2886 | 69 | |
| Mailing Address 1301 DUNBAR DRIVE | | | | | | ^M 2 | М | ^D 0 | ^D / | y y 2 | 0 Ď 6 | Y |
| City LAURINBURG | State NC | Zip Code 28352 | | | | Amou | ınt ol | Each | Disburs | | | eriod |
| Purpose of Disbursement | | | | 011 | | L. | | | | 50 | 00.00 | - |
| Candidate Name NON-FEDERAL CONTRIBUTION | | | Ca | atego Type | ory/ | | | | | | | |
| Office Sought: House Disbu Senate President State: NC District: | rsement For: X Primary Other (spe | 2008 General | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional | al) | | | | • | | | | | 200 | 00.00 | |
| TOTAL This Period (last page this line number or | | | | | <u> </u> | | | | | • | | |
| E6AN026 | "y) | | | ••• | | FF | C S | chedul | e B (F | orm 3X |) (Rev | ised |

| CHEDULE B (FEC FOIII 3X) | | ate schedule(s) | | LINE NU ck only on | | | PAGE | 240 / 244 |
|---|--------------------------------------|--------------------------------|------------------|-----------------------|-----------------------------|------------------|-------------|--------------|
| TEMIZED DISBURSEMENTS | Detailed S | ategory of the summary Page | 2 2 | 1b 1 | 22 28a | 28b | 28c X 2 | 25 29 |
| any Information copied from such Reports and Star r for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) | ame and address | s of any political | committee | to solicit | contribution | ons from s | | |
| MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL ACT | TION COMMI | ΓΤΕΕ (a.ŀ | k.a. Med | lco Healt | h PAC) | | |
| R.C. SOLES JR. FOR SENATE | | | | | | sbursemer | | 1 0 0 6 ° |
| Mailing Address P.O. BOX 6 | | | | | | | | |
| City TABOR CITY | State NC | Zip Code 28463 | | / | Amount of | Each Disk | oursement t | |
| Purpose of Disbursement | | | 011 | | | | 500 | 0.00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | | Category Type | y/ | | | | |
| Senate President | rsement For: X Primary Other (spec | 2008 General | | | | | | |
| State: NC District: Full Name (Last, First, Middle Initial) | | | | 1 | ransactio | on ID: E | XPB2886 | 8 |
| REP. DEBBIE CLARY COMMITTEE | | | | [| Date of Dis | sbursemer | | Y Y |
| Mailing Address 105 D-02 NORTHSHO | ORE CT. | | | | 12 | 0 4 | 2 0 | 0 0 6 |
| City CHERRYVILLE | State NC | Zip Code 28021 | | , | Amount of | Each Disk | oursement t | his Perio |
| Purpose of Disbursement | | | 011 | 7 | | | 500 | 0.00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | | Category | y / | | | | |
| Senate President | rsement For: X Primary Other (spec | 2008 General | ··· | | | | | |
| State: NC District: Full Name (Last, First, Middle Initial) | | | | 7 | raneacti | on ID· E` | XPB28866 | <u> </u> |
| REP. JIM HARRELL COMMITTEE | | | | | Date of Dis | sbursemer | it | |
| Mailing Address P.O. BOX 626 | | | | | ^M 2 ^M | ^D 0 4 | 20 |) Ď 6 Ť |
| City ELKIN | State NC | Zip Code 28621 | | , | Amount of | Each Disk | oursement t | |
| Purpose of Disbursement | | | 011 | \exists | | | 500 | 0.00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | | Category | y/ | | | | |
| Senate President | x Primary Other (spec | 2008 General | | | | | | |
| State: NC District: | | | | | | | | |
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| | CHEDULE B (FEC FOIII 3X) | Use separate schedule(s | | R LINE N eck only c | E NUMBER: PAGE 241 / 244 ly one) | | | | |
|---|--|---|----------------|------------------------|--|------------------|--|--|--|
| | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | 21b 27 | 22 23 24 28a 28b 28c | 25 2 X 29 3 | | | |
| | y Information copied from such Reports and Statem for commercial purposes, other than using the name | | | | | | | | |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLI | | | | | On Thirties | | | |
| | Full Name (Last, First, Middle Initial) REPRESENTATIVE THOMAS WRIGHT C | OMMITTEE | | | Transaction ID: EXPB2 Date of Disbursement | | | | |
| | Mailing Address 322 S. 17TH STREET | | | | 12 / D 0 4 Y | 2006 | | | |
| | , | State Zip Code NC 28401 | | | Amount of Each Disburser | | | | |
| | Purpose of Disbursement Candidate Name | | 011 | | | 1000.00 | | | |
| | NON-FEDERAL CONTRIBUTION | | Catego Type | - | | | | | |
| | Senate X President | ment For: 2008 Primary General Other (specify) | | | | | | | |
| _ | State: NC District: Full Name (Last, First, Middle Initial) | | | | Transaction ID: EXPB2 | 20050 | | | |
| | REPUBLICAN HOUSE MAJORITY COMM | ITTEE | | | Date of Disbursement | | | | |
| | Mailing Address 1506 HILLSBOROUGH S | ST. | | | 12 / D 0 4 Y | 2006 | | | |
| | , | State Zip Code NC 27603 | | | Amount of Each Disburser | ment this Period | | | |
| | Purpose of Disbursement | | 011 | | | 500.00 | | | |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | Catego Type | - | | | | | |
| | Senate President | ment For: Primary General Other (specify) | • | | | | | | |
| | State: NC District: Full Name (Last, First, Middle Initial) SENATE DEMOCRATIC COMMITTEE | | | | Transaction ID: EXPB2 Date of Disbursement | 28857 | | | |
| | Mailing Address 220 HILLSBOROUGH S | Г. | | | 12 D 0 4 | ž 0 0 6 ° | | | |
| | , | State Zip Code NC 27603 | | | Amount of Each Disburser | ment this Period | | | |
| | Purpose of Disbursement | | , 011 | | | 1000.00 | | | |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | Catego Type | | | | | | |
| | Senate President | ment For: Primary General Other (specify) | | | | | | | |
| _ | State: NC District: | | | | | | | | |
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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | FOR LINE | |
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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | (check only 21b 27 | 22 23 24 25 26 28a 28b 28c X 29 36 |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | | |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLI | | | |
| Full Name (Last, First, Middle Initial) SENATOR JOHN KERR | | | Transaction ID: EXPB28870 Date of Disbursement |
| Mailing Address PO BOX 1616 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 12 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 04 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & 006 \\ 2006 \end{smallmatrix}$ |
| • | State Zip Code NC 27533 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Candidate Name | | 011 | 500.00 |
| NON-FEDERAL CONTRIBUTION | | Category/ Type | |
| Senate X President | ment For: 2008 Primary General Other (specify) | | |
| State: NC District: Full Name (Last, First, Middle Initial) | | | Transaction ID: EXPB28863 |
| SENATOR PHIL BERGER COMMITTEE | | | Date of Disbursement |
| Mailing Address 311 PINEWOOD PL. | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 4 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 6 \end{smallmatrix} \end{bmatrix} \ $ |
| • | State Zip Code NC 27289 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 500.00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | |
| | ment For: 2008 Primary General Other (specify) | | |
| Full Name (Last, First, Middle Initial) SENATOR TONY RAND COMMITTEE | | | Transaction ID: EXPB28862 Date of Disbursement |
| Mailing Address 2008 LITHO PLACE | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & 0 & 0 & 6 \\ & 2 & 0 & 0 & 6 & 4 \end{bmatrix}$ |
| | State Zip Code NC 28304 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 1000.00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | |
| Senate X President | ment For: 2008 Primary General Other (specify) | | |
| State: NC District: | | | |
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| CHEDULE B (FEC FOIII 3X) | | arate schedule(s) | | R LINE ock only | | | | L | 1 / COL | 270 / | 244 |
|--|---------------------------------------|------------------------------|----------------------------|--------------------|------------------|--------|----------------|--------------|---------|---------------|--------|
| TEMIZED DISBURSEMENTS | | category of the Summary Page | $\stackrel{\cdot}{\Box}$: | 21b 27 | 22 28a | П | 23 28b | 24 | 4 | 25 29 | |
| ny Information copied from such Reports and S | | | ny p | erson fo | or the pu | | e of s | oliciting | contri | butions | |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | | | | | | | | | on com | | |
| Full Name (Last, First, Middle Initial) THE MARC BASNIGHT CAMPAIGN Mailing Address P.O. BOX 26202 | | | | | Date | | sburse | EXF ement | PB288 | 65 2 0 0 6 | Y |
| City RALEIGH | State NC | Zip Code 27611 | | | Amou | ınt of | Each | Disbu | rsemer | nt this P | Period |
| Purpose of Disbursement | - 110 | 27011 | 011 | | L. | | | | 10 | 00.00 | |
| Candidate Name NON-FEDERAL CONTRIBUTION | | | tego Гуре | • | | | | | | | |
| Office Sought: House Dis Senate President State: NC District: | bursement For: X Primary Other (spe | 2008 General | | | | | | | | | |
| Full Name (Last, First, Middle Initial) WILLIAM WAINWRIGHT COMMITTE | E | | | | Date | of Di | sburse | ement | PB288 | | |
| Mailing Address P.O. BOX 941 | | | | | 1 ^M 2 | М | ^D 0 |) 4 | Y 2 | 2 0 0 6 | Y |
| City HAVELOCK | State NC | Zip Code 28532 | | | Amou | ınt of | Each | Disbu | rsemer | nt this P | Period |
| Purpose of Disbursement | | | 011 | | | _ | | | 5 | 00.00 | |
| Candidate Name NON-FEDERAL CONTRIBUTION | | | tego Type | • | | | | | | | |
| Office Sought: House Dis Senate President State: NC District: | bursement For: X Primary Other (spe | 2008 General | | | | | | | | | |
| Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT MARIAN MC | CLAWHORN | | | | Date | of Di | sburse | ement | PB292 | 263 | |
| Mailing Address P.O. BOX 399 | | | | | 1 ^M 2 | М | ^D 0 | 7 | Y 2 | 2 0 0 6 | Y |
| City GRIFTON | State NC | Zip Code 28530 | | | Amou | ınt of | Each | Disbu | | nt this P | - |
| Purpose of Disbursement | | | 011 | | L. | | - | | 5 | 500.00 | |
| Candidate Name NON-FEDERAL CONTRIBUTION | | | tego Type | | | | | | | | |
| Office Sought: House Dis Senate President State: NC District: | bursement For: X Primary Other (spe | 2008 General | | | | | | | | | |
| Diotriot. | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (option | onal) | | | <u> </u> | | | | | 20 | 00.00 | |

| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) 21b 22 23 2 27 28a 28b | PAGE 244 / 244 24 |
|---|---|---|------------------------------|
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | , | , | ŭ |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLI | TICAL ACTION COMMITTEE | E (a.k.a. Medco Health PAC) | |
| Full Name (Last, First, Middle Initial) REP. NELSON COLE COMMITTEE Mailing Address 2012 CARPENTER DR. | | Transaction ID: E. Date of Disbursemer | |
| 7 | State Zip Code NC 27323 | | oursement this Period 500.00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | Ca | 011 ttegory/ Type | |
| Office Sought: Senate President State: NC Disburse X | ment For: 2008 Primary General Other (specify) | | |

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